DOCUMENT RESUME

ED 209 561 CE 030 733

AUTHOR Edwards, Richard L., Ed.; Morton, Thomas D., Ed.
TITLE Training in the Human Services, Vol. II. Papers Presented at the Fall Conference on Training in the Human Services (2nd, Atlanta, Georgia, October 16-18, 1978).
INSTITUTION Tennessee Univ., Knoxville. School of Social Work.
REPORT NO ISBN-0-89695-003-4
PUB DATE 80
NOTE 279p.

EDRS PRICE MF01/PC12 Plus Postage.
DESCRIPTORS Continuing Education; *Human Services; Inservice Education; *Needs Assessment; *Professional Training; Program Descriptions; *Program Design; *Program Evaluation; *Training

ABSTRACT

Needs assessment, program design, and evaluation are presented in a series of 12 papers for trainers, educators, and practitioners interested in training for human service practice. Needs assessment is discussed in terms of direct interpersonal approaches; indirect interpersonal approaches; and social indicator approaches. Weaknesses of needs assessment are identified and discussed in terms of lack of clear-cut definitions, interpreting and weighting data collected, lack of well defined training competency hierarchies, and the difficulty of extracting useful information on the existing knowledge and sophistication within the target population. Included in this section are two papers describing needs assesments undertaken in a mental health center and with service providers in gerontology. Program design is reviewed with specific attention paid to size, purpose, economy, and the sociopolitical environment. Seven papers follow that report on large scale training programs, a program that utilizes telecommunication satellites, a state-wide inservice program for social workers, a rural rape crisis program, a community college-based program, and a description on how to use information science in design. A background to the evaluation of training programs in human services is provided. Included in this section are three papers that address issues related to evaluation of training effectiveness. (BPB)

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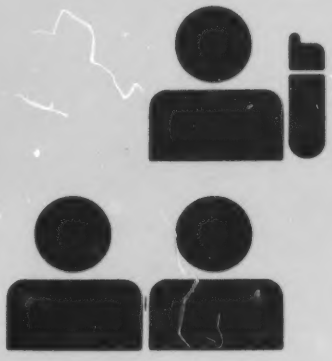

Training in the Human Services, Vol. II

Edited by
RICHARD L. EDWARDS
and
THOMAS D. MORTON

Papers presented at the
Second Fall Conference on Training in the Human Services
Atlanta, Georgia
October 16-18, 1978

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ISBN # 0-89695-003-4

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ACKNOWLEDGMENTS

The preparation of this volume began with the planning for the Second Fall Conference on Training in the Human Services. Special thanks are due to the staff of the University of Georgia School of Social Work, Office of Continuing Social Work Education and the University of Georgia Center for Continuing Education for their efforts to plan and manage a valuable conference. In addition, special acknowledgment must go to Charles Stewart, Dean of the University of Georgia School of Social Work, for his willingness to support the conference.

The editors also wish to thank each of the authors of the papers contained in this volume for their willingness to produce written versions of the conference presentations and for the patience they exhibited in waiting for the volume to be produced. Finally, thanks go to the able editorial staff of the University of Tennessee School of Social Work, Office of Continuing Social Work Education, Mary Brashear, Mary Anne Blazek, Sally Johnson, JoAnna Cheatham, Ann R. Wilson, Joyce Payne and Pam Jones for their efforts in turning these manuscripts into a publication of value.

Richard L. Edwards
Thomas D. Morton

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CONTENTS

	Page
INTRODUCTION	2
I. NEEDS ASSESSMENT	3
Meeting Training Needs in a Community Mental Health Center •Sybil Langford and Elizabeth W. Lindsey	5
A Model for Conducting Training Needs Assessment Among Service Providers in the Field of Gerontology •Robert O. Washington	35
II. PROGRAM DESIGN	58
The Art of Helping: A Training Course •Astha Cartmell Dresser	69
Agency Training in British Social Service Agencies •Judith Greene Lacerte	92
The Utilization of Communications Satellites to Deliver Training to Human Services Personnel •Richard L. Edwards, Lea Perritt and Michael D. Bremseth	108
Human Relations - Communication Skills for Training Social Workers - A Team Approach to Curriculum Module Development and Implementation •Thomas E. Woodall	122
Training Volunteers for Rural Rape Crisis Services •Judith Ann Davenport and Joseph Davenport, III	145
The Planning and Development of a Community-Wide Human Services Educational Program •Joseph P. Miller, Jr. and Rae M. Jackson	163
Citation Indexing and Information Science in Human Services Courses: The Development of Critical Thinking •Thomas D. Watts	176

	Page
III. EVALUATION	184
Did Training Make a Difference? A Study of the Factors That Influence the Integration of Training Into Child Welfare Practice •Bernard S. Weiss	193
Data-Based Comparisons of the Effectiveness of Current Evaluations of Research Strategies •Michael D. Bremseth, Phyllis D. Betz and Cheryl Prevot	209
Assessing Teacher Effectiveness in Continuing Education •Margaret Gibelman	231
CONTRIBUTORS	254

INTRODUCTION

The papers included in this volume were presented at the Second Fall Conference on Training in the Human Services, which was held in Atlanta, Georgia in October of 1978. The Conference was designed for trainers, educators, and practitioners interested in training for human service practice. The major objective of the Conference was to strengthen the communications network among those who design, deliver and evaluate such training. This volume, like the conference which spawned it, provides a vehicle for the exchange of ideas on the state of training in the human services. It reflects an effort to remedy existing difficulties in learning from the training experiences of others.

The papers are organized into three categories, reflecting major aspects of the training delivery system. These categories are needs assessment, program design, and evaluation. For training to be effective it must be based upon a careful assessment of training needs, there must be creativity and innovation in program design, and it should include a thorough evaluation. It is hoped that this collection of papers will prove useful to students and practitioners interested in training human services personnel.

I. NEEDS ASSESSMENT

The level of human service continuing education and training programming has increased significantly in the past few years. A number of conditions have contributed to this increase. Human service professions have increasingly included provisions for mandatory continuing education as a condition of continued licensure or certification. Similarly, maintenance of agency certification and licensure has also become associated with the continuing education of key personnel within the agency. Another factor has been an increase in the availability and emphasis of federal funding on short term training, particularly in Title XX. Title XX has facilitated the rapid expansion and growth of continuing education programs in schools of social work and related human service programs in higher education. As a result of increased demand and availability of continuing education offerings, the providers of continuing education have experienced an increase in available resources which in turn can be used for new program development and marketing. The result has been a greater breadth of programming in agency in-service training offerings as well as the types of programs available individually to practitioners or under contracts between agencies and private groups or institutions of higher education.

As activity and demand have increased so has the need to communicate effectively with the potential consumer of training in order to determine his or her training and educational needs. Agencies, in preparing annual training plans and forecasting the allocation of training resources, must identify the training needs of

their staff. Promoters of open enrollment workshops or similar educational programs must also test the market and determine programs potential consumers will buy.

Generally, needs assessment serves two purposes. Needs assessment is the process by which programming decisions are made. The trainer must have some basis for the selection of content for training programs. Under certain circumstances, it may be possible for the trainer to assume certain things about the system he or she may be planning for, however, some level of contact with the system is usually necessary to refine, focus and interpret information about the system's needs. The second purpose of needs assessment is associated with the process of planning in that it provides for involvement of the target population in the formulation of goals and decisions regarding program content. While there are limitations, we assume that persons will display a higher degree of commitment to goals when they have participated in setting those goals. A corollary of this would be that potential consumers of training would show a higher rate of interest and acceptance of training programs when they have participated in certain fundamental decisions about the program.

Approaches to needs assessment may be broken into three categories. These are (1) direct interpersonal approaches, (2) indirect interpersonal approaches and (3) social indicator approaches. The first category, direct interpersonal approaches, would include supervisory conferences, critical incident interviews, structured small group approaches such as nominal group technique and other approaches where the planner of the training program communi-

cates directly with the potential participant. To some extent, representative group approaches such as advisory groups or planning groups might constitute a direct interpersonal approach to the extent that members of the group have direct communication with and represent others in the potential target population. Frequently, however, such groups may speak more directly for their own interests rather than those potential constituencies which they are assumed to represent. This is particularly true where the planner rather than the target population selects the representatives in this group. In this case, the individuals' responses may be assumed to be representative of a particular constituency but certainly there is no direct contact for representation existing between the constituency and the group member.

Indirect interpersonal approaches constitute the second set of needs assessment approaches. In this set there may be direct communication with individual participants but the communication structure is time-limited, generally providing only an opportunity for a single response with no clarifying dialogue. Into this category would fall survey approaches as well as the representative planning group approach in which members of the planning group have no means for direct communication with large numbers of the potential participants. Also in this category would fall certain key expert or key informant approaches. Quite frequently, the latter involves the planner speaking only with agency administrators and using their opinions and responses as the determinants of later training programs.

Generally, indirect approaches are used when available resources are insufficient to have more direct communication with potential program participants. Many of the situations in which training programs are developed fall into this category. It would be enormously costly to interview personally every individual in a state department. In cases planning such things as symposia or a series of free standing workshops, it may be impossible even to enumerate the population of people who should be contacted. Survey approaches have the advantage of providing a considerable amount of data relatively cheaply. However the limitation on continuous dialogue frequently presents a problem in interpreting the results of generalizing from the data.

A third approach is the use of social indicators. In training, as with most aspects of human service programs, there are seldom reliable social indicators to determine program needs. However, occasionally there are some which may be used to make decisions, particularly regarding training which is agency specific. Error rates in public social service agencies have been used both as an indicator of the need for training and criteria in evaluating the effectiveness of training. Similarly, violations of EEO guidelines, personnel grievances, etc. might be used as indicators of the need for training in affirmative action and the management of personnel. However, one of the risks involved in using social indicators as an index of need for training is the tendency to assume that the failure in output is a direct function of individual performance rather than organizational performance. That is to say that error rates may be equally a function of poorly written or inaccessible policy materials as well as

the individual worker's knowledge of the ability to use and interpret the policy.

Efforts toward needs assessment, regardless of approach, are hindered by certain weaknesses in the state of the art. Perhaps one of the most fundamental weaknesses is the absence of a clear-cut definition of educational or training need. Frequently, words such as want, preference, practice demand, interest or gap are used synonymously with need. It may be arguable that there are different types of needs and if this is true, a codification of different types of needs should be made. Some may argue that differentiation of types of needs is irrelevant. But this would seem an indefensible position for the type of answer sought largely determines the type of question asked. If an individual is planning a series of open-enrollment workshops, the question of need may be oriented more towards market notions with a relevant question being: "What are you willing to buy?" If, on the other hand, an organization is using training as a specific intervention to resolve a problem in functioning or to improve the level of organizational functioning, then the concept of need must bear a specific logic in a set of cause-effect relationships. The latter would seem to connote more precise definitions of competencies required for job performance than are currently available.

Another problem which besets the assessor of needs might be labeled "aggregation-aggravation." This aggravation occurs at two levels of aggregation of needs assessment data and is frequently found in the indirect approaches, specifically in the survey method. The first concerns the level at which the question is asked. Exami-

nation of survey instruments used to assess training needs frequently reveals such categories as death and dying, human behavior, interviewing skills, child growth and development, family assessment, family therapy, etc. Many of these topics refer to whole fields of study and are of questionable use in helping the planner of training programs determine what should be delivered. There is not clear agreement in the field as to what constitutes a basic six hour workshop on human behavior. Nor can we assume that the respondent actually wanted the basics. This is a critical issue in survey instrument design, one which no doubt has rendered many needs assessments useless in later design efforts. The second problem of aggregation occurs when one attempts to determine actual priorities based upon compiled data. The general tendency is to assume that the response which is mentioned most frequently is the highest priority need or at least that it is preferred by the largest segment of the population surveyed. This results in a second tendency to plan programs for the vocal majority at the expense of the minority. There is a logic which suggests that limited resources should be applied where they will do the most good. Yet it is also possible that the 30 people who voted for item ranked 15 are doing more harm to the agency's clientele as a result of their limited knowledge in this area than are the 87 who responded to the top priority item. Generally, survey instruments provide no clues to making these decisions and therefore, the method has in some way contributed to the unwitting assumption that peripheral needs are unimportant needs.

A third problem in interpreting and using needs assessment data comes from the absence of well defined competency hierarchies for many areas in which we train. It has been argued and to some extent demonstrated by persons such as Carkhuff that until an individual's interpersonal competence reaches a certain level, it may make little difference how much knowledge the individual has regarding child abuse and neglect, mental illness, aging, etc. Many trainers frequently complain of trainees who vocally demand that the training be practical and include specific principles which can be immediately applied. They complain of workshops that contain only technical information or are too theoretical and abstract. We are aware that the technology in human services is not so determinate as to allow such widespread prescriptions. However, the problem in this case may be one of a missing competence, that of cognitive strategy or the ability to link ideas and concepts together. These linking skills can be developed with practice and are of prime importance in problem solving and the application of theoretical concepts to specific practice situations. Needs assessment may tell us what the individual wishes to know about or learn to do but may not reveal to us the existence or absence of necessary capabilities.

Extracting useful information on the existing knowledge and sophistication within the target population is another assessment dilemma. Training programs are frequently criticized as being too basic or too advanced. Since there are often many theoretical approaches to various topics, it cannot always be assumed that prior training equals a basic understanding. On the other hand, sometimes it seems that there is no such thing as level two. One trainee

once remarked that she had been to five basic workshops on family assessment and was desperately looking for something in the intermediate range.

The absence of competency hierarchies and useful means of comparison generally means that the individual responses are based on only partial information. That is to say that there are instances in which the individual may need something but not even know it exists. Further, inadequate environmental feedback systems frequently lead people to assume that they are effective and competent in many areas of their performance when, in reality, they are not. This is not to say that people are generally incompetent but rather that the lack of simple yardsticks for self-examination makes it difficult for the individual to respond to the questions of training needs.

Another problem endemic to all needs assessment approaches is the question of how long is the data useful? There is often a lag of six months to two years from the time needs assessment data are collected and the program is actually delivered. In some agencies this may mean that 50 percent of the people who responded to the survey instrument or participated in the needs assessment are no longer with the agency. A dynamic environment suggests that many things will change including the clients' problems and workers' competencies. Lacking adequate knowledge regarding the useful life of needs assessment data, we may frequently be in the position of delivering programs which were relevant 12 months ago. If we were to ask the same question again today, we might find an entirely different set of answers.

While these are not the only issues presenting problems to the adequate assessment of training needs, they represent some of the core issues which must be resolved if we are to advance the state of the art in this area.

Included in this section are two papers which describe previous efforts at needs assessment, Langford and Lindsey describe a needs assessment project undertaken in a mental health/mental retardation center. This effort involved not only an assessment of the training needs of approximately 250 employees, but also an attempt to develop competency models for classes of positions within the agency. The identification competency models permitted the formulation of individualized staff development plans that could be used as ongoing training assessment tools for individual employees as well as to provide training needs data, on a year to year basis, for the system as a whole.

Washington presents a model for conducting training needs assessment among service providers in gerontology. The paper reports on a study aimed at providing systematic data that could be utilized for planning training programs for agencies providing services to older persons, both in terms of what should be taught and how.

Meeting Training Needs in a Community Health Center

by Sybil Langford and Elizabeth W. Lindsey

In fall of 1977, the Northeast Georgia Community Mental Health/ Mental Retardation Center began to organize a training program which would provide basic and advanced training to assure quality service delivery and to increase motivation and job satisfaction among its approximately 250 employees. It was decided that the best approach to developing such a program "from the ground up" would be to conduct a needs assessment for training within the system and, at the same time, attempt to develop competency models for classes of positions. From competency models an individualized staff development plan could be developed to serve as an ongoing training assessment tool for individual employees as well as be used to provide information on training needs for the system as a whole on a year-to-year basis. There was also a need for the development of policies and procedures concerning training. Although the main focus of this paper is on the needs assessment and competency model for practice, these activities took place within a process of developing a

systematized program for staff development and training. Thus a brief overview of the entire process will place the particular aspects of the program in proper perspective.

Background

The Mental Health/Mental Retardation Center is an agency of the Division of Mental Health/Mental Retardation (Georgia Department of Human Resources). Traditionally, the Mental Retardation Section has had a relatively active State Training Office, and local training centers have been required to allocate funds for training as well as to set aside a minimum of 60 hours of training during the year. The MR Training Office has also developed a competency model for its direct service staff. The Mental Health Section provides some regional consultation for local centers, but has not set minimum training standards for mental health staff. Thus, the impetus for the development of a training program has come primarily from within the center rather than as a response to state level mandate.

Since the center's opening in 1971, there had been no formal policy concerning staff development and training. At one time each employee was allowed a certain amount to be spent on outside training activities, but as staff expanded and funds tightened, it was no longer possible to maintain this level of funding for individual employees. Each supervisor was considered responsible for providing whatever training was needed for employees, and aside from a general orientation program for all new staff, supervisors received little assistance or support from administration on training efforts. Historically, the push for a structured, in-service program that would

provide ongoing training came from direct services staff and middle managers who felt that such a program would be less vulnerable to changes in levels of funding and would provide a means of meeting many training needs from within the system.

In June, 1977, a policy statement on training was developed by middle managers and presented to the administrative policy-making body of the center. The paper emphasized three points: 1) the need for an organized staff development program, including a full-time coordinator; 2) the need for staff input into such a program; and 3) a distinction between core and functional job skills. This statement came at a time when the administration was developing an Affirmative Action program and reviewing requirements of the Joint Commission on Accreditation of Hospitals (JCAH). The Affirmative Action emphasis on documentation of equal access to training and the JCAH guidelines concerning staff development and training programs provided additional impetus for the development of a formal training program. In fall of 1977 a full-time training coordinator was hired, and a Training Advisory Committee (TAC), composed of an elected representative from each service area within the center, was formed.

Training Advisory Committee

In his mandate to the committee, the center director requested that the TAC make recommendations to the administration on training issues such as staff training needs, plans to meet identified needs, coordination and documentation of training, distribution of resources, mechanism for staff input, and training policies and procedures. Unfortunately, the attempt at a democratic, representative committee

was not entirely successful. The TAC was too large (10 members) to function as a working committee, and since members had been elected, there was confusion as to whether committee work was considered part of their assigned job tasks. Furthermore, it was unclear where the responsibility for training lay, with the TAC or the coordinator. Ultimately, it was recommended that a smaller working committee (4 members) be constituted and be made advisory to the coordinator, who was given administrative responsibility for training. Committee work was, however, recognized as a valid job task for members. Although the original TAC only existed for six months, it completed all of the tasks outlined in its original mandate as committee members were very active in generating interest in a staff development program, developing the policies and procedures, and conducting the needs assessment.

Policies and Procedures

The training coordinator was responsible for developing policies and procedures to be used in the establishment of a formal training program. The policy was written according to Affirmative Action, EEOC, and JCAH guidelines concerning staff development and training programs. Issues addressed included training responsibilities of different levels of staff, eligibility and requirements for training, evaluation, documentation, and individualized staff development plans.

The initial draft of policies and procedures was presented to the TAC which reviewed them and made recommendations for revisions and additions. Revised drafts were then presented to the

administrative policy-making body for final approval. Since the program was not mandated, the center had quite a bit of flexibility in determining its own policies and procedures. This process forced the administration to think through its philosophy and commitment to training. The length of time between the initial writing of the policy and final approval (6 months) reflects the administration's unwillingness to make quick decisions about policies that hopefully would be relatively permanent.

Needs Assessment

While the policy was being developed, the TAC undertook the needs assessment. The overall purpose of the needs assessment was threefold: (1) to identify training priorities, (2) to develop a competency model for job classes within the center, and (3) to develop a workable Individualized Staff Development Plan (ISDP). Since the Mental Retardation State Training Office had already done this for MR staff, the needs assessment was focused on mental health staff.

There were three objectives to accomplish in identifying training priorities: (1) to receive as much staff input as possible, (2) to define core and functional job skills, and (3) to determine staff training needs. The policy statement developed by middle managers had emphasized the differences between core and functional skills and knowledge. Core skills and knowledge were defined as those needed by all employees of the center, regardless of their position or job function, i.e., being familiar with personnel policies and procedures, knowing laws concerning confidentiality, being able to make appropriate referrals, etc. Functional skills and knowledge

were defined as those needed to work in particular areas. Eight functional areas were identified: clerical, consultation and education, area center and program directors, administrative supportive services, alcohol and drug, child and adolescent, adult services, and geriatrics. It was anticipated that most of the core training needs could be met through ongoing, in-house training, while many functional needs would require a more specialized approach, such as utilization of consultants or sending staff to train away from the center.

In order to accomplish the three objectives, an open-ended questionnaire (Exhibit A) was sent to all mental health staff asking them to list: (1) core skills and knowledge, (2) functional skills and knowledge, and (3) areas in which they would like additional training. Although there was some debate over sending an open-ended versus a structured questionnaire, the decision was made to use the open-ended type in order to obtain as large and rich a variety of responses as possible. This did turn out to be the case, and in fact, except in the core area, the responses were even more varied than anticipated. The open-ended questionnaire allowed employees to respond in a non-preconceived manner, which was an advantage. The disadvantage in using this type of questionnaire, however, was the considerable amount of time spent in interpretation and compilation of responses, especially when varied terms were used to describe similar items. Also, staff input was not as large as anticipated, with a return rate of only 31 percent. This low return was partially a result of the difficulty involved in filling out the unstructured questionnaire. To counterbalance the low return, the

compiled data was sent to TAC members representing various service areas for validation.

Although the question dealing with expressed training needs of staff also reflected the pattern of varied responses, there was some consensus in ten categories (listed in order of priority): pharmacology; intake, interviewing and assessment; crisis intervention; management; community organization; public relations; medical/psychiatric terminology; counseling and communication; overview of the mental health/mental retardation system; and legal concerns. The responses indicated that beyond the core areas and a few common functional areas, there was a felt need for quite a range of training experiences. It became clear, however, that some skills and knowledge could be addressed in part by providing information to employees rather than elaborate training. Additionally, it was noted that, although certain staff possessed expertise in special identified areas and could probably serve as consultants and/or trainers to other staff, utilization of outside sources such as state sponsored Merit System training and other continuing education workshops was also needed.

In order to provide a systematic, ongoing method for determining the individualized training needs of employees and linking these employees to appropriate training resources, it appeared that individualized staff development plans were very necessary. However, in order for the supervisor and the employee to assess training needs there should be a description of what the employee must know and do on the job. While individualized staff development plans can be completed without following a structured format, a competency list of

necessary skills and knowledge for job performance provides for more consistent assessment within the organization as well as for the individual.

The Competency Model

Responses to the first two questions on the survey, identification of core and functional skills and knowledge, were used to develop competency models to be utilized in conjunction with individualized staff development plans. One model was developed for the core area and one for each of the eight functional areas.

There were three main steps involved in this process. The first, as mentioned above, was to take the data received from the questionnaire and have it validated by respective TAC members. The next step was to group core and functional skills and knowledge under broad topic areas such as Office Activities and Record Keeping, Intake, Communication and Counseling Skills, etc. (Exhibit B). These were then reviewed again by respective TAC members for additions or revisions.

The next step was to write a competency statement for each skill or knowledge area under the broad topics. This was a very time-consuming task; however, many of the competency statements, especially for direct service staff, were similar, which hastened the process. These statements were then typed into a format to be used in conjunction with individualized staff development plans (Exhibits C & D). The main problem with the model is that many of the statements are not written in measurable terms. Hopefully, as the model is refined and revised, this will be improved.

The Individualized Staff Development Plans (ISDP)

Aside from the legal and policy requirements of NIMH, JCAH, EEO and Affirmative Action, ISDP's are an important aspect of any training program because they provide a method by which the employee and supervisor can systematically plan efforts to meet training needs. Our particular form (Exhibit E), which was customized to meet our own needs, provides for a statement of the skills and knowledge to be developed, the recommended plan of action and the proposed completion date. There is also space for the actual completion date, comments and modifications, and additional staff development activities attended. The last category can be used for unplanned activities and for training activities that are occasionally conducted in an employee's unit.

To complete the ISDP, the employee and supervisor review the core model and the appropriate functional competency model to determine what is needed, not needed, or inapplicable for the employee. The topics are then listed in the appropriate place on the ISDP, and skills and knowledge to be developed are listed under Goals. The supervisor and employee then decide what type of plan can be arranged to meet the stated goals. This plan could be a reading assignment, attendance at a training workshop, or arrangements for an on-the-job training experience. The training coordinator is available to assist in locating resources and developing plans to meet training goals. The proposed completion date is then entered, and when the activity is completed, it is so noted.

Implementation

The Center began implementation of the above policies and procedures at the end of September 1978. At present, it is too early to anticipate what major problems will arise. One that is obvious, however, concerns the lack of an adequate budget and a systematic and efficient method for allocating and distributing training funds.

During the past year, in spite of a limited budget, the Center has been able to sponsor some in-service training, provide some travel funds to out-service workshops, and develop some materials for training needs. The in-service training, with one exception, was conducted by Center staff and covered such topics as Crisis Intervention, Substance Use and Abuse, and The Behavior Analysis and Modification series developed by Oxnard Community Mental Health Center of California. A monthly newsletter listing training opportunities at the Center and in the surrounding areas not only served to keep staff aware of available training activities, but also increased interest and participation in such activities.

In terms of training materials, a mental health generalist training tape series and an employee handbook were produced. The tape series, developed with the assistance of a staff psychiatrist, consists of three audiotapes accompanied by an outline. Designed primarily for beginning clinical workers, it covers such topics as mental status examination, treatment of schizophrenia and psychosis, and treatment of depression. The employee handbook attempts to address many of the core training needs and provides basic information on the structure and service of the Center, general personnel policies and proce-

dures, use of telephones, etc. In addition to these materials, the Center contributes to add books, audiotapes, videotapes, and films to its library. Listing new acquisitions in the training newsletter and instituting a more flexible checkout procedure via interoffice mail has resulted in increased staff use of library items.

These accomplishments show that some type of training program can be achieved with limited funds. However, in order to have a comprehensive training program, the next step for the Center should be to establish and maintain an appropriate funding level in this regard. In conjunction, a mechanism should also be established whereby middle managers have the authority to receive and disperse training funds for the employees under their supervision. In looking back at the original statement by middle managers concerning staff development, it is interesting to note that, for the most part, their explicit request was satisfied. However, the implied request, i.e., funds for training, has been addressed only partially. There are many indications that the Center's commitment and support to training is growing and moving toward a systematic financial base for the training program. If this does become a reality, problems in implementation of the policies and procedures will be minimal, and the Center as a whole should experience increased employee satisfaction and assurance of quality service delivery.

Exhibit A

STAFF DEVELOPMENT AND TRAINING

PRELIMINARY QUESTIONNAIRE

List, as comprehensively as possible, all 1) core skills and knowledge areas and 2) functional skills and knowledge areas relevant to the execution of all job related tasks.

The following definitions apply:

skill = an act which involves practiced application of knowledge in the execution of a task.
examples: typing, assessment interviewing, computer programming, budgeting, etc.

knowledge area = information needed to define the problem and to select the solution appropriate to the task.
examples (corresponding to the above skills): business letter formats, symptomatology, programming languages, zero based budgeting, etc.

core = skills and knowledge needed by all employees of the Mental Health/Mental Retardation system.

functional = skills and knowledge specially needed by you for your position and location.

example (partial list for A&D counselor I):

core skill	core knowledge area
operating telephones	overview of NEGACMHC
completing McBee cards	names and extension of Center personnel
functional skills	**functional knowledge area**
obtaining drinking history	withdrawal symptomatology
staffing case with physician	family dynamics
family therapy	drugs of abuse

Exhibit A
(Page 2)

Name _____ Position _____

Program _____ Location _____
(Center & County)

_____ Merit System _____ OPS _____ Contract _____ CETA

Core Skills	Core Knowledge Areas
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Functional Skills	Functional Knowledge Areas
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list below areas in which you would like additional training:

Skills	Knowledge Areas
_____	_____
_____	_____
_____	_____

Please use other side if more space is needed.

Exhibit B

CHILD AND ADOLESCENT SERVICES

I.	Accountability and Record Maintenance	BIF's and EARF's Charting Billing Policies/Procedures Medicaid Standards (eligibility) Insurance Forms
II.	Intake	Interviewing Role Performance Mental Status Case History DSM II Classification/Diagnosis
III.	Assessment, Planning and Evaluation	Psychological Assessment (testing) Staffing-Physicians, Schools, Personnel and Agency Staff
IV.	Communication and Counseling Skills and Techniques	Behavior Modification and Techniques Parent Effective Training IND, Group, Family & Play Therapy Knowledge of Family Dynamics
V.	Case Management	Linking Client With Appropriate Resources Monitoring Case Progress & Insuring Client Advocacy Utilizing significant other/ natural Support Systems
VI.	Child and Adolescent Development	(Physical/Mental) MBD, Normal and Abnormal Development
VII.	Medically Related Knowledge and Skills	Psychotrophic Drugs (usage and side effects) Alcohol & Drug Abuse (Diagnostic & Intervention Skills)
VIII.	Legal Concerns	Hospital Commitment for Juveniles General Knowledge of Juvenile Justice System School System-Confidentiality Client Rights

Exhibit C

TRAINING NEEDS ASSESSMENT: COMPETENCY MODEL
Core Skills and Knowledge
Northeast Georgia Community Mental Health Center

This tool is to be used by you and your supervisor to discuss and specify your training needs. For each goal listed, check the column that most accurately reflects your present needs. If any topic is inapplicable to your job, check the N/A column. The column titled, Priority Number, is for ranking your needs in priority order. Place a "1" by the topic that is most important to you, a "2" by the next most important, etc. Goals are then noted on the Individualized Staff Development Plan.

Name: Position: Work Location: Date:

	Topic	Goals for In-Service Training	Needed	Not Needed	N/A	Priority Number
I.	Office Activities & Record Keeping	1. Be able to complete McBee cards, leave cards and travel forms.				
		2. Maintain appropriate filing system for position.				
		3. Be able to operate telephone, local, long distance, and GIST.				
		4. Know procedures for requisitioning supplies.				
		5. Have knowledge of correct mailing procedures.				
		6. Be aware of personnel policies and procedures.				
II.	Basic Communication Skills	Accurately evaluate, receive and give information verbally or in written form.				
III.	Confidentiality	Have knowledge of: a. conditions under which confidential communication is permitted and when inapplicable. b. rules of informed consent, release to parents, third parties and medical personnel.				

Exhibit C
(Page 2)

	Topic	Goals for In-Service Training	Needed	Not Needed	N/A	Priority Number
IV.	Crisis Intervention	Be able to recognize and handle crisis situations appropriately in face-to-face or phone contact situations.				
V.	Philosophy and Goals of Center	1. Have knowledge of: a. Goals and objectives of the Center b. Balanced Service System treatment philosophy. 2. Be familiar with: a. Myths about mental illness/mental retardation b. Medical/psychiatric terminology.				
VI.	Public Relations	1. Be able to explain in general terms the services of NEGACMH/MRC to client's and other individuals. 2. Make presentations to churches, civic groups, schools, etc. to explain services and purpose of the Center.				
VII.	Referral Process	1. Be aware of services, organizational structure, names and location of staff and centers within NEGACMH/MRC. 2. Be able to make appropriate referrals within NEGACMH/MRC. 3. Be aware of the more frequently utilized community resources for MH/MR clients. 4. Be able to make appropriate referrals to community resources.				

Exhibit D

TRAINING NEEDS ASSESSMENT: COMPETENCY MODEL
Functional Skills and Knowledge
Clerical
Northeast Georgia Community Mental Health Center

This tool is to be used by you and your Supervisor to discuss and specify your training needs. For each goal listed, check the column that most accurately reflects your present needs. If any topic is not applicable to your job, check the N/A column. The column titled, Priority Number, is for ranking your needs in priority order. Place a "1" by the topic that is most important to you, a "2" by the next most important, etc. Goals are then noted on the Individualized Staff Development Plan.

Name: Position: Work Location: Date:

	Topic	Goals for In-Service Training	Needed	Not Needed	N/A	Priority Number
I.	Accountability and Records Maintenance	1. Demonstrate ability to accurately complete client insurance forms.				
		2. Schedule and keep up-to-date appointments for clinicians and other staff.				
		3. Have a working knowledge of the BIF and EARF accountability system.				
		4. Maintain and interpret McBee journals.				
		5. Understanding billing policies of Center.				
II.	Office Management	1. Demonstrate telephone courtesy in carrying out Center business.				
		2. Exhibit helpful and friendly attitude in assisting clients and other persons visiting office/ clinic.				

Exhibit D
(Page 2)

	Topic	Goals for In-Service Training	Needed	Not Needed	N/A	Priority Number
		3. Be familiar with intake procedures for respective unit.				
		4. Demonstrate knowledge of basic office finances, such as checking, budgeting and petty cash procedures.				
		5. Utilize knowledge of basic mathematic skills.				
V.	Equipment Use and Maintenance	1. Be able to operate the following equipment: a. Typewriter b. Code-A-Phone c. Dictaphone d. Calculator e. Xerox f. McBee equipment g. Offset printer/multilith.				
		2. Perform routine maintenance on office equipment.				
		3. Know procedures for procuring maintenance and repairs for building and equipment.				
IV.	Medically Related Skills	1. Demonstrate ability to identify medications using the Physician's Desk Reference (PDR).				
		2. Be familiar with commonly used medications within the system and correctly complete forms for ordering medications.				

Exhibit D
(Page 3)

	Topic	Goals for In-Service Training	Needed	Not Needed	N/A	Priority Number
V.	Legal Concerns	1. Be familiar with and committed to the guarantee of client/consumer rights in the Mental Health/Mental Retardation system.				
		2. Know correct usage of forms and procedures for voluntary and involuntary admissions.				
VI.	Other					

EXHIBIT E

INDIVIDUAL STAFF DEVELOPMENT PLAN — NORTHEAST GEORGIA COMMUNITY MENTAL HEALTH CENTER

Doe, Jane E.		Consultation and Education
Employee Name (Last, first and initial)		Work Location
542-8707	Clerk Typist II	October 1, 1977
Office Phone Number	Present Position	Date Assigned Present Position

Topics	Goals	Recommended Plan of Action		
List core and functional topics	State the skills, knowledge and abilities to be developed.	State the type of assignment or training recommended. Specify resource and location.	Proposed Completion Date	Completion Date
Core Topics				
II. Basic Communication	1. Accurately evaluate, receive and give information verbally or in written form.	1. Basic Communication Course, Merit System.	9/28/78	
IV. Crisis Intervention	1. Recognize and handle crisis situations in face-to-face or phone situations.	2. Attend Center in-service on Crisis Intervention.	9/1/78	9/15/78
VI. Public Relations	1. Be able to explain NEGACMHC to clients and other individuals.	3. Read services section of Employees Handbook and discuss with supervisor.	10/30/78	

Exhibit E
(Page 2)

Topics	Goals	Recommended Plan of Action		
List core and functional topics	State the skills, knowledge and abilities to be developed.	State the type of assignment or training recommended. Specify resource and location.	Proposed Completion Date	Completion Date
Functional				
II. Office Management	4. Demonstrate knowledge of basic office finances such as checking, budgeting, and petty cash procedures.	4. Joe Kilgore of Accounting will teach these procedures in four two hour sessions.	12/30/78	

Date 9/1/78

Employee Signature _____

In quadruplicate

Supervisor Signature _____

Copies to: Supervisor, Employee, Personnel Officer, Training Office

REVIEW SUMMARY

Goal #

Comments and Modifications

ADDITIONAL STAFF DEVELOPMENT ACTIVITIES ATTENDED

2 hour in-service on working with minorities: 9/11/78

DATE

EMPLOYEE SIGNATURE

A Model for Conducting Training Needs Assessment Among Service Providers in the Field of Gerontology

by Robert O. Washington

INTRODUCTION

The training of persons who deliver social services to the elderly is being conducted in myriad ways by various educational institutions, private groups and social agencies. The relative newness of gerontology as a field of study and its rapid development as a career have sometimes necessitated the hasty training of personnel from various disciplines to the process and problems of aging. A "back-door" policy prevails, i.e., social workers, teachers and office clerks have begun careers in gerontology because they happened to be working in an agency when its functions were expanded to include provision of services to older persons.

Rapid developments in gerontology have created unique and new occupations--home health aides, nutrition site managers, information and referral specialists and outreach workers, to name a few. Many of these persons have had only on-the-job or short-term, pre-ser-

vice training and education in working with elderly clients. Recent testimony to the United States Senate Committee on Aging indicates that many of these persons developed or increased their interest in working with the elderly after they were hired, and not because their academic backgrounds or formal training prepared them.

What this trend suggests is that in-service training and staff development will continue to be important components of managing programs for the elderly. Since we know so little about the training requirements of persons working with the elderly, the prospect of using the technology of needs assessment for assessing training needs represents significant advancement.

Elliot Richardson, Secretary of HEW during the Nixon administration, offered a general framework for training workers in the field of human services which is applicable to persons working in the field of aging.

> It's been my view for a long time that training and education in the provision of services should build upon a broad overview of the human condition--that is, what we know in general about helping people, what the resources of skill and understanding we possess are. Service providers should see themselves as occupying a place in a structure of resources that is provisionally designed to do the best we can at a given time. They should be taught to regard counseling, the effort to understand the problem of an individual or family, and referral of the individual family to the most likely source of help, as basic to the approach of all service providers. Further, the more specialized skills that are brought to bear at any given time are representative of the existing state of the art and subject to extension and refinement in the same way that the medical profession or the dental profession has continually absorbed and brought to bear the results of scientific inquiry. All of this, it seems to me, could perfectly well be made a part of the education and training of service-providing people. (Salasin, 1972)

These observations by Mr. Richardson offer us some directions about how workers should be taught. However, needs assessment data should not only answer the question how, they ought to answer, to a significant degree, the question: What should be taught? To do this, the assessment process ought to begin with the identification of service needs in a community or an inventory of the relative incidence of these service needs. This should be followed by matching service needs with available, competent manpower. In the absence of competent manpower, training should be planned and developed. In this respect, Richardson notes:

> ... it seems to me that only if we go at it this way are we ever going to be able to decide in a rational manner just what kinds of training need to be provided. And I would add to this that the needs are so great that we will increasingly need to call upon a hierarchy of levels of skill and training that makes much broader use, as time goes on, of subprofessionals and volunteers.

The proposition to be argued in this paper is that the technology of needs assessment is a viable strategy for determining the training needs of persons who work with the elderly, both in terms of what should be taught and how. The remainder of the paper will describe how these two questions were answered in a training needs assessment model developed to prioritize needs for a local area agency on aging in Ohio.

THE STUDY

The central aim of the study was to provide the Executive Director and the Education and Training Task Force of the Central Ohio Area Agency on Aging with systematic data for planning train-

ing programs for agencies providing services to older persons. The specific objectives were:

1. To identify the universe of training needs among agencies providing services to older persons in the central Ohio area.

2. To identify existing and potential training resources available and accessible to agencies providing services to older persons living in the central Ohio area.

3. To develop a feasible, comprehensive training plan for agencies providing service to older persons living in the central Ohio area.

The analytical framework in which this survey was conducted presumed that training needs must reflect the value orientation of three constituent groups: (1) donor, e.g., the Education and Training Task Force of the Central Ohio Area Agency on Aging; (2) service providers, who perform services on behalf of older persons and (3) recipients of service. Therefore, the survey design incorporated a scheme by which a random selection of the three groups was sampled for their opinions of training needs.

RESEARCH DESIGN AND METHODOLOGY

Assumptions and Design Considerations

The research design was developed using the following set of assumptions:

A. Service providers have authoritative and valid opinions about the knowledge and skills required to provide quality services to elderly clients.

B. Service providers are able to differentiate between their individual, personal levels of knowledge and the value of those skills and knowledge to themselves and others providing services to the elderly.

C. This differentiation yields discrepancies which can be ranked in order of descendance, from "very much knowledge" to "very little knowledge," and from "very impor-

tant" to "not very important." These discrepancies indicate training needs and the rankings will establish training priorities, with items ranked "very important" and "very little knowledge" having the greatest weight, thus being top priorities.

D. Many of these priority training needs will continue to be educational priorities in the future as the number of elderly persons in our population continue to grow. The turnover of personnel in the field of gerontology will also have an effect on future training needs.

E. Prioritized training needs differ among various groups. That is, administrators will have different needs from members of their staffs. Those new to the field will have different needs than those more experienced and the learning needs of those with more or less formal education will differ.

Members of the Education and Training Task Force, with the help of information and referral agencies, were asked to identify all agencies in their respective areas that provided services to older persons. A questionnaire was then mailed to a sample of agency directors requesting information regarding their perception of worker training needs in eight areas:

1. in the organization and management of programs for the older person;
2. in program planning, design and evaluation;
3. in understanding the older person;
4. theoretical concepts of aging;
5. the aging process;
6. problems of health and illness of the older person;
7. housing needs of the older person;
8. transportation needs of the older person.

It was assumed that data collected from this phase of the study would provide planning data for the following activities:

--long-term training: two-year programs, undergraduate training and graduate programs.

--short-term training: two to three day workshops, institutes, seminars, etc., focused upon specific topics and content designed to introduce new ideas, concepts in providing services to older persons.

--continuing education: programs designed as in-service training and staff development packages to upgrade the skill and knowledge of workers serving older persons.

--research: programs directed at training administrators, planners and researchers to collect and analyze relevant data for applied and evaluated research.

--research utilization programs with two foci: (1) how to use research data for expanded and improved services to older persons and (2) dissemination of research data related to the aging process and care of the older person.

Instrumentation

In order to devise a practical and efficient method of assessing the learning needs of persons who provide a variety of services to the elderly, a questionnaire was devised, consisting of 45 competency statements about knowledge and information and 27 statements about skills. This compilation was developed from an exhaustive review of various sources, such as guidelines for in-service training of nursing home personnel, gerontology textbooks, legislation concerning suggested services for the elderly, personal interviews and the questionnaire mailed to a sample of agencies providing services to the elderly. The competencies reflected in both the cognitive and skill statements were considered necessary to the task of providing services to elderly clients.

The knowledge and skill statements were randomly placed in the instrument. Each set of statements was followed by two columns in

which respondents were asked to rate (1) the level of knowledge and skill they possess regarding that item and (2) the value of possessing that knowledge or skill to a person in that position. Numerical ratings were assigned to statements of knowledge and information: 1 = Know a Great Deal, 2 = Know Some, 3 = Know Very Little. Assigned ratings for skill statements were: 1 = Very Much Skill, 2 = Some Skill, 3 = Very Little Skill. Assigned ratings for the value of possessing certain knowledge and skills were identical: 1 = Very Important, 2 = Somewhat Important, 3 = Not Very Important.

The instrument was pretested for reliability. It was also tested for validity and ease of administration among a group of 25 persons. The instrument also requested data about professional and personal status, educational background and employment history.

Sampling

There were as many as 18 categories of human services to elderly persons in central Ohio. These include: nutrition, mental health, recreation, safety and protective services, education, medical care, government, financial, transportation, volunteerism, legal aid, home aide, housing, library, employment, outreach/counseling, religion and advocacy. Because the total number of service providers in the population could not be calculated exactly, a purposive sample (with randomized subsamples) was constructed which included one supervisor and two staff members from each of the eighteen service categories in each of eight counties. Because of differences in settings--urban and rural--and differences in the number of agencies providing services, the number of persons surveyed differed in each county.

Two other reasons for selecting a purposive sample among the service provider group were: (1) to acquire as wide a representation (spread) of service providers as possible and (2) to avoid embarrassment of persons who might be unable to read the questions on the instrument or respond to them in writing where called for. (According to personnel from the AAA, there were several persons involved in Title VII nutrition projects, senior citizen centers and volunteer positions who were functionally illiterate. This was not surprising since many of the persons involved in these service areas were over age 65, and the 1970 census revealed that the educational level attained by persons over age 60 averaged 8.1 years.)

The director of Information and Referral (I and R) for each county had a resource file which the Information and Referral staff uses to answer all kinds of requests for aid and information from persons in that county. These directors were most familiar with the administrators and staff members of the agencies that provided services to the elderly; therefore, they were asked to assist in preparing the lists of potential subjects for the sample. These subjects were then invited to meetings held in each county for the purpose of completing the questionnaire.

Criteria for inclusion of subjects in the sample were: (1) the individuals listed must be active in the provision of direct services to persons over age 60 as the main function or, at least, one important function of their respective agencies; (2) the total list of respondents would be representative of the 18 service areas described above and (3) those included in the sample would be representative of service providers in the central Ohio area on such variables as

race, sex, occupation and geographic location.

Thus, the list of subjects for each county had a maximum potential of 54 persons. However, in some counties, the number of services provided was less than 18. Moreover, several agencies had only one person who served both as the agency's administration and staff. The compiled lists produced a sample of 310 subjects.

Data Collection

Data collection was conducted in a two-phased process, involving both questionnaires and interviews. Consistent with the analytical framework of tapping the value orientations of the three constituencies, a random number of workers from agencies representing the service provider constituency was asked to attend meetings held in each of the eight counties during the month of January, 1977, for the purpose of completing the questionnaire. The letter of invitation was signed by the respective PSA director and sent on office stationery to all subjects since part of the data collected was requested by that office. Also, potential respondents were aware that the area agency disburses funds available from the Older Americans Act, and it was hoped that this knowledge would be an incentive for respondents to participate in the study. Extremely bad weather kept many persons from attending many of the initial meetings.

The initial meetings yielded a return of 194 (62.4 percent) responses. During February 1977, follow-up was conducted by telephone and mail. A cover letter from the PSA director and a stamped, addressed envelope was included with a copy of the instrument. These were mailed to a 75 percent random sample of non-res-

pondents (87 persons). Sixty persons responded, making the number of respondents 254 and raising the response to 84 percent.[1]

The second phase of data collection was conducted among the donor constituency which was represented by the task force and the Area Agency on Aging Advisory Committee. A random selection of these two groups was interviewed, using many of the items on the questionnaire in order to ascertain their perceptions of prioritized training needs of workers in the central Ohio area.

A selected number of aging clients was identified for in-depth interviews in order to ascertain client satisfaction data which would have implications for training needs among workers. Interview data among this group proved unreliable. Some clients were reluctant to be critical for fear of loss of service or retribution. Others were either unwilling to participate or physically, emotionally or mentally unable to participate. This may, indeed, be a limitation of the study.

Data Analysis

Data from the questionnaires were analyzed, using the Computerized Statistical Package for the Social Sciences (SPSS).

Part A of the questionnaire, Training Areas, was analyzed in terms of frequencies: (1) of competence levels among statements of knowledge; (2) of perceived value of knowledge; (3) of competence levels among statements of skills and (4) of perceived value of the skill. These 45 statements were then codified into seven basic groups:

1. Basic gerontology

2. Communication skills
3. Advocacy
4. Helping elderly to live independently
5. Program planning and administration
6. Planning for productivity in retirement
7. Physical and mental health

For each knowledge and skill competency statement, the difference was computed between the mean scores for "Value" of that knowledge of skill and the "Level" of competence corresponding to it.

Mean differences were ranked in order of descendance and the ranks were divided into quartiles. The highest mean differences fell into Quartile 1 (Q_1). Table 1 and 2 reflect the mean score, mean differences (MD) and quartile (Q) level for the 15 highest ranked knowledge statements and the 20 highest ranked skill statements. This method was employed for each of seven groups: (1) all respondents; (2) administrators; (3) staff; (4) those employed in service delivery agencies less than three years (the median length of time of employment for respondents); (5) those engaged in service provision more than three years; (6) those having an associate degree or less formal education and (7) those having a baccalaureate degree or more. Comparisons were made among these groups: mean differences, t-scores and probability levels for each set of comparisons.

The Spearman Rank Correlation Coefficient (rho = $\underline{r}$) was computed for mean scores on each of the seven categories for three comparison groups: administrators with associate degrees or less were compared with those with baccalaureate degrees or more; staff

Table 1. RANK ORDER OF KNOWLEDGE STATEMENTS BY PERCEIVED VALUE WITH CORRESPONDING LEVELS OF KNOWLEDGE, MEAN DIFFERENCES AND QUARTILE LEVELS: ALL RESPONDENTS

VALUE OF KNOWLEDGE MEAN	VALUE OF KNOWLEDGE RANK	KNOWLEDGE STATEMENTS	LEVEL OF KNOWLEDGE RANK	LEVEL OF KNOWLEDGE MEAN	M.D.	Q
*1.142	1	Communicating with elderly clients	1	1.554	.412	4
1.206	2	Local, state, and federal governmental agencies which are resources to service providers for elderly	2	1.753	.547	3
1.247	3	Professional organizations and agencies--social or government --which are resources for service providers	3	1.798	.551	2
1.306	4	Methods of assessing services needed by elderly clients	18	2.208	.722	1
1.321	5	Social services for particular factors in the retirement years, such as loneliness, isolation, social interaction	4	1.874	.553	2
1.356	6	The process of human aging--biological, psychological, sociological	7	1.903	.547	3
1.371	7	Home health care	11	1.963	.592	2
1.374	8	Roles and responsibilities of service providers in identifying/modifying suitable community resources	22	2.053	.679	1
1.394	9T	Planning service programs for elderly clients	25T	2.073	.679	1
1.394	9T	Prevalent frauds and crimes against older persons, including quackery	20	2.052	.658	1
1.411	11	ACTION and other volunteer programs--how the elderly can use them	15T	1.996	.585	2
1.416	12	Myths, images, stereotypes and attitudes about old people themselves	9	1.943	.527	3
1.422	13	Role change and its effects in retirement, children leaving home, death or other separation from spouse	6	1.910	.488	4
1.425	14	Description of Social Security and SSI	13	1.976	.551	2
1.437	15T	Nutrition education	14	1.988	.551	2
1.437	15T	Socioeconomic effects of aging	15T	1.996	.559	2

Q_1 = Upper quartile scores
Q_2 and Q_3 = Middle quartile scores
Q_4 = Lowest quartile scores

*The means on this and all similar tables were derived by having respondents indicate value of the statements to their jobs and level of competence or knowledge they perceived to do those jobs. A three-point was used in which 1 = highest value and level of knowledge, 2 = some value and level of knowledge, and 3 = little or not very much value and level of knowledge. Means of "value" were subtracted from means of "level" to derive the mean differences (M.D.).

Table 2. RANK ORDER OF SKILL STATEMENTS BY PERCEIVED VALUE WITH CORRESPONDING LEVELS OF SKILLS, MEAN DIFFERENCES AND QUARTILE LEVELS: ALL RESPONDENTS

VALUE OF SKILL		SKILL STATEMENTS	LEVEL OF SKILL			
MEAN	RANK		RANK	MEAN	M.D.	Q
1.344	1	Work with older people in the community	1	1.718	.374	4
1.379	2	Train others to provide services to elderly clients	3	1.903	.524	3
1.462	3	Assess clients' needs for assistance	2	1.887	.425	4
1.496	4	Advise old person with a question or problem concerning Social Security and SSI	9	2.178	.682	1
1.498	5	Plan transportation for those who lack mobility	4	2.040	.542	3
1.520	6	Advise older persons on supportive and protective services	6	2.085	.565	2
1.589	7	Train all age volunteers to work with elderly	8	2.129	.540	3
1.593	8	Advise clients of Medicare and Medicaid benefits	19	2.300	.707	1
1.609	9	Train elders as volunteers	7	2.109	.500	3
1.613	10	Teach self-help	10	2.234	.621	2
1.677	11	Advise elders of nutritional needs/plan menus and diets	14	2.242	.565	2
1.685	12	Plan social/recreational/leisure activities	5	2.044	.359	4
1.694	13	Plan for educating all age groups to the aging process	13	2.331	.637	1
1.718	14	Find housing for displaced elderly	20	2.433	.715	1
1.734	15	Organize skills of retired persons to benefit the community	16	2.340	.606	2
1.754	16	Counsel terminally ill patients and/or their families	21	2.405	.651	1
1.800	17	Design and produce teaching aids to teach elders coping and other self-help skills	23T	2.460	.660	1
1.814	18	Perform casework	15	2.339	.525	3
1.815	19	Plan group work for elders	12	2.298	.483	3
1.835	20	Teach budgeting and other home/personal management techniques	17	2.379	.544	2

with associate degrees or less were compared with staff with BA degrees or more and those who had been with service providing agencies below the median level of three years were compared to those having had more than three years of experience as service providers.

Part B of the instrument, Personal Information, was analyzed for frequencies, percentages and measures of central tendency, to answer the question "Who provides services to the elderly?" Part C, Educational Information, was analyzed in a similar manner. These data provided information about what training was available as perceived by the respondents and what advantage service providers had taken of such offerings. These data had implications for pre-service and in-service education and could be useful to curriculum planners in colleges and universities concerned with providing such education.

The ten percent level of significance was selected for analysis of these data.[2] The educational and employment data (Parts C and D) were qualified and matched with learning priorities expressed by the respondents. The Spearman Rank Correlation Coefficient and T-test were also computed for these data, as they were on the responses of administrators and staff members. Employment Information was also reported in percentages to provide an employment profile of service providers, as well as manpower data potentially useful to planners of education and training.

FINDINGS

Our findings showed that a training needs assessment model which begins first by identifying training needs on the basis of

donor group service worker value orientations is a reliable approach to planning training programs for workers who provide services to the elderly. However, data from interviews and client satisfaction measures which seek information from clients about the training needs of workers seemed unreliable.

The model our study developed is essentially a discrepancy model predicated upon the assumption that when the mean value of a particular competency (on both skill and knowledge) is equal to the respondent's level of performance on that knowledge or skill, then the descrepancy (mean difference) is quantitatively zero, and no training is required. (The mean "value" is subtracted from the mean "level" of performance, resulting in a "mean difference" for each item.) On the other hand, the larger the mean difference, the higher the priority for training by the group.

Our findings showed that the training priorities perceived by staff frequently are significantly different from the perceptions of administrators about the training needs of staff. The significance of this finding is that trainers cannot rely upon the perceptions of administrators when they are planning in-service training and staff development programs for the workers.

There were four major areas of knowledge where all respondents perceived a need for more education. In order of expressed priority (in the first quartile of value rankings), they were:

1. Methods of assessing services needed by elderly clients;
2. Roles and responsibilities of service providers in identifying/modifying suitable community resources;
3. Planning service programs for elderly clients;

4. How to help clients avoid frauds and crimes, including quackery.

The study also indicated that levels of professional training affected individual perceptions of training needs. Persons with less than a bachelor's degree perceived training needs in such areas as the process of human aging (biological, sociological, psychological), sensory modification/deprivation in the aging process, chronological versus functional age, human sexuality in the aging process, developmental tasks of aging. Those with a bachelor's or other advanced degrees preferred training in areas of planning and administration rather than basic gerontological knowledge.

When the data were analyzed solely on the basis of occupational longevity, no significant differences existed between learning requirements of those with greater than three years of employment and those with less than three.

CONCLUSIONS AND IMPLICATIONS

The purpose of this study was to develop a training needs assessment model for ascertaining needs of workers providing services to the elderly. The purpose of training is learning. Learning can take place through experience as well as training. However, frequently learning by experience takes too long. Moreover, it may be costly to the employer and in the case of programs for the elderly, it may be too costly to the client. That is, it may result in poor or inadequate service or it may result in mistakes which may cost the life of the client.

For a field as fluid as gerontology, training is essential to providing effective services. Because effective training requires expenditures of time, resources and manpower, we need to find ways to ascertain training needs in the most efficient way possible.

While this study focused principally upon the development of a training needs assessment model, it became clear that administrators and program personnel working with the elderly knew little about needs assessment in general and less about techniques for assessing the training needs of their workers. Moreover, in our review of the literature we found only one other effort to develop a training needs assessment model for persons working with the elderly.[3] Given this situation, it seems appropriate to make some brief comments about needs assessment, its state of the art, and its implications for impacting upon improved services for the elderly.

Baumhier and Hellar[4] defined needs assessment as an "attempt to define what is required to insure that a population is able to function at an acceptable level in various domains of living." These authors traced the concept of needs assessment back to the Book of Acts (6: 1-6), where the disciples, concerned about the problem of hunger among a group of widows, surveyed the population, examined the alternatives and then recommended solutions. Needs assessment, for these authors, is essential in the delivery of human services because program planners must determine what must be provided formally or informally by the community in order to satisfy "the actual or perceived economic, social, psychological, and physiological requirements of an individual or a group." They also contend that social planning and resource allocation decisions should be responsive

to the problems and needs of the population; consequently, needs should be ascertained through an objective process.

Baumhier and Hellar propose the following conceptual framework for needs assessment.

1. Examine goals, state them in terms of the difference between what is and what should be;
2. Determine present status of the population in relation to these goals;
3. Ascertain reasons behind any discrepancy;
4. Secure information on service resources which might be used to eliminate identified discrepancies;
5. Collect data of availability, continuity and accessibility of the delivery system through which available resources are to be focused on the identified problem (the discrepancy);
6. Get information on causal, corollary and symptomatic problems and obstacles;
7. Identify population groups which have various clusters of problems or barriers to service or need reduction so that resources may be concentrated on areas of greatest need;
8. Get information on appropriate alternate responses to identified problems.

These authors emphasized that a stated need is but one problem indicator. Others are availability of resources and efficiency of the service delivery system.

> None of the data sources tapped through any ... research techniques alone can provide a truly valid indicator of need. Thus, the researcher or the user of needs assessment data should treat the data from any of the sources as representing only some of the conceptual dimensions of need and should recognize in addition that any attempt to treat the data as complete definition of need constitutes an inappropriate use of the data.

As assessment of needs is usually done before program development and implementation, and therefore is considered a planning

activity. The assessment of needs revolves around questions about the incidence and prevalence of a problem, basic demographic data, special aspects of the population (social, ethnic and cultural data that might not appear in census data), projection of probable demand for the services and information about existing programs that already meet part of the need. These data are used in conjunction with the program administrator's judgement to decide program priorities, size, location and other specific characteristics.

There are many technological approaches to needs assessment, such as, epidemiological studies, door-to-door or telephone surveys and surveys of community agencies. Since information systems are not usually structured to capture data necessary for making comprehensive and valid assessment, a certain amount of ad hoc data collection will be necessary. Therefore, it is usually helpful to use several approaches in conducting needs assessments.

Needs assessment data must be able to stand the tests of validity and reliability. Therefore, it is essential that methodology conform to good research practice. In order to achieve validity and reliability the proposed model requires the following:

A. DO THIS (Needs Assessment Process)

1. Determine the ideal goals of providing services to the elderly;

2. Decide who provides these services in the area to be studied;

3. Determine what these service providers already know (level of knowledge) and what they can do to provide services (skills);

4. Compare differences between "what is" (levels of knowledge and skills) and "what should be" (value of possessing these skills and knowledge);

5. Compute discrepancy between "what is" and "what should be;"

6. Rank discrepancies in order of descendance.

B. IN ORDER TO (Analysis and Reporting of Data)

1. Develop and validate training goals (set priorities);

2. Provide data to justify application of resources to the appropriate needs;

3. Identify strengths and weaknesses in the current service delivery system through determination of greatest needs for training as perceived by service providers;

4. Secure information on resources--human, institutional and social--which might be used to reduce or eliminate identified discrepancies;

5. Identify groups which have various clusters of problems or barriers to provision of service, so that resources may be concentrated on areas of greatest need.

FOOTNOTES

1. Babbie (1974), Kerlinger (1964), Mouly (1963) and Fox (1969) all consider a response of over 70 percent to be excellent for purposes of survey reaserch.

2. In discussing the selection of the level of significance for educational research, Edwards (1960) and Kerlinger (1973) both suggest that the five percent level of significance is generally customary, but it may be too stringent for this type of research.

3. Gilliland and Hickey (1975) suggest the following steps: (1) Find out who is currently providing direct service to the elderly client. (2) Determine what types of generic information should be known about elderly clients by the person delivering the service. (3) After these determinations, ascertain if the information expressed as needed can be presented in such a manner as to be readily utilized by the direct service personnel, "regardless of occupational status or educational backgound." (4) Determine if information can be presented simultaneously to individuals focused on the same client need or problem but with different levels of professional sophistication. See: Gilliland, Virginia M. and Tom Hickey. Curriculum Design for the Inservice Training Context. The Pennsylvania State College of Human Development, 1975, Ed 115 730.

4. See Edward C. Baumhier and Gretchen A. Hellar. Analysis and Synthesis of Needs Assessment Research in the Field of Human Services. Denver: Center for Social Research and Development, Denver Research Institute, University of Denver, 1974.

BIBLIOGRAPHY

Administration on Aging. The Demand for Personnel and Training in the Field of Aging. Washington, D. C.: AoA, 1969.

Administration on Aging. Training and Manpower Development Activities. Washington, D. C.: U.S. Department of Health, Education and Welfare, 1975.

Babbie, Earl R. Survey Research Methods. Belmont, California: Wadsworth Publishing Company, 1973.

Dickstein, Howard W. Survey of Needs for Services to the Elderly. Connecticut: Mansfield Community College, 1972. ED 073 266

Edwards, Allen L. Experimental Design in Psychological Reserach. New York: Holt, Rinehart and Winston, 1960.

English, Fenwick W. and Roger A. Kaufman. Needs Assessment: A Focus for Curriculum Development. Washington, D.C.: Association for Supervision and Curriculum Development, 1975, ED 107 619

Gilliland, Virginia M. and Tom Hickey. Curriculum Design for the Inservice Training Context. The Pennsylvania State College of Human Development, 1975. ED 115 730

Glickman, Lillian L., Benjamin Hersey, and Ira Goldenberg. Community Colleges Respond to Elders: A Sourcebook for Program Development. Washington, D. C.: U.S. Department of Health, Education and Welfare and National Institute of Education, 1975.

Hall, Gertrude H. and Geneva Mathiasen, eds. Guide to Development of Protective Services for Older People. Springfield, Illinois: Charles C. Thomas, 1973.

Kerlinger, Fred M. Foundations of Behavioral Research. New York: Holt, Rinehart and Winston, 1973.

Morgan, James M. Conducting Local Needs Assessment: A Guide. Princeton, New Jersey: Educational Testing Service, 1975.

Mouly, George J. The Science of Educational Research. New York: American Book Company, 1963.

Salasin, Susan, "Conversational Contact with Elliot Richardson," Evaluation (Fall 1972).

Spear, Mel. A Guide to Inservice Training for Developing Services for Older Persons. American Public Welfare Association, 1970.

Sprouse, Betsy M., ed. National Directory of Educational Programs in Gerontology, First Edition. Madison: University of Wisconsin, 1976.

U.S. Senate, Developments in Aging: 1974 and January-April, 1975. A report of the Senate Special Committee on Aging. Ed 109 275

U.S. Senate Special Committee on Aging, Training Needs in Gerontology. Hearings before the Special Committee on Aging, June, 1973. ED 084 396 and ED 084 397

Washington, R. O. and N. Rindfleisch. "Methodological Issues in Community Needs Assessment," accepted for publication in Journal of Asian Pacific and World Perspectives, Summer 1978 or Winter 1979.

II. PROGRAM DESIGN

The design of training programs in the human services represents a complex set of activities and does not conform readily to simple prescriptive rules and procedures. There are many dimensions along which programs can vary and a contingency choice model of program design seems optimal. This suggests that the program designer first define certain characteristics of the program and the environment in which it is to occur. Using these, tne designer operates within a limited set of choices appropriate to those characteristics. Some of the dimensions along which programs vary are size, purpose, availability of resources, sociopolitical context (both within and outside the system in which the practitioner operates), the instructional objectives of the program and the nature of the physical environment.

The concept of a training program can range from a discrete 30 minute skill building program operating at the self-instructional level to a multimillion dollar continuing education program delivering thousands of person-hours of training each year in a wide variety of contexts and topics. Obviously to suggest a single approach to program design which would meet both of these conditions would be fruitless. Yet size can be a critical variable in that it can affect the instructional options which are available, the efficiency of the program format, the amount of resources which may be available for program design, the number of needs which must be met by the program and the number of resources which must be allocated to the program. While small groups may be best for certain kinds of learn-

ing, 30 to 50 persons may be optimal for dynamic instructional activities such as the simulations COMPACTS or the Lobbying Game. Larger programs such as conferences may allow participants a wide range or diversity of topic options yet may preclude for many persons the options of lengthier learning sequences. Economies of scale suggest that agencies and individuals may be unlikely to undertake extensive curriculum development efforts for programs which will benefit very few persons, whereas, this is more feasible in large scale operations. Consequently, participants in small programs may be less likely to benefit from the same degree of effort in curriculum design as those in larger systems. On the other hand, smaller systems may be more accessible. There is an opportunity for the program designer to meet individually and to work closely with the participants in the selection of content, and the design of the program. It may be more feasible to tailor individually learning sequences to the unique needs of members or subgroups within the population.

For those who administer continuing education programs which are responsible for the development and delivery of training, there are the advantages of greater scale. A single part-time person operating as a coordinator of training or continuing education is often limited in the kinds of activities as well as the scope of programs which can be initiated. Larger programs with professional staff and multiple funding sources can frequently find the capacity to take on new projects through their more diverse professional skills and interests, as well as administrative capacities such as secretarial support, access to travel funds or relationship to the organization.

Programs also vary according to their intent or purpose in relation to the target population. In some instances, workshops are designed as free-standing continuing education offerings consistent with what Lauffer refers to as a consumer choice model of continuing education. In this context, the designer is concerned with the identification of topics or resource persons who have appeal to consumers within the human service practitioner population. The purpose of these programs may not be specifically related to predetermined organizational improvements but rather intended to spread information or add to competencies based on individual definitions of need. In another context, programs may respond to discretely defined organizational needs, wherein extensive needs assessment with a particular service arena has defined a certain prescribed set of skills or competencies which are necessary for practice competence within that organization. There is an explicit contract between the organization and the program designer to provide an intervention which will positively affect the organization's capabilities through staff development. In the first case, the designer may operate with greater freedom in selection of content, format of the program, and selection of resource persons. In the latter, constraints may exist due to prior relationships which eliminate the possibility of certain trainers or resource persons. The designer may be forced to operate under agency placed time constraints or constraints on location, as well as be limited in the use of certain instructional options or program formats.

Lauffer suggests a typology of CE models containing four cells. These are consumer choice, where the consumer initiative comes from the individual and the focus is on service; training, where the consumer is again the individual but the focus is upon change; consultation/education, where the consumer is the organization with the focus of service; and systems change where the consumer is the organization and the focus is upon change. Implied in Lauffer typology is that the initiative for program requests may come from individuals or organizations. The extent to which the approach is one of service or change is a factor of whether the initiative comes directly from the consumer or from some other source. However, the cells should not be viewed as strictly dichotomous but rather as a continuum.

Economic conditions are another consideration in program design. The source of funding for programs can obviously affect the nature, scope and purpose of programs. Contracts with agencies for the design and delivery of training programs give the agency considerable control over many developmental aspects of the program, often including who will attend, the length of the program and its content. Economic considerations will determine the amount of resources available for program design and implementation. In determining whether or not single or multiple trainer designs will be used, extensive curriculum development efforts will be undertaken on the level of expertise of the trainers themselves. Economic considerations affect delivery patterns in that they determine the freedom of the trainees to travel and their ability to stay overnight, thereby affecting the length of programs as well as the total amount of train-

ing in which an individual can participate in a given time period.

The sociopolitical contexts in which programs are developed also have implications for program design. Previous national concern over AFDC error rates prompted large increases in training activity within public welfare agencies. Similarly, highly publicized incidents of child abuse or neglect have frequently resulted in large scale efforts to train child welfare staff. On a smaller scale, professional norms and values regarding intervention strategies may determine the acceptibility or receptivity to programs. One example may be found in the reluctance of persons with strong psychoanalytic orientations to accept training in the use of behavioral techniques. Another dimension of this consideration can be found in the sociocultural acceptibility of certain topics. Some continuing educators have noted resistence to programs such as human sexuality or the treatment of sexual dysfunction in communities where these topics are not openly discussed due to prevailing social or religious values.

Another aspect of the political environment may include dimensions of the organizational structure in an administrative system. Quite frequently, management arranges for training and predetermines the content and focus of training. In large state agencies, it is not uncommon for workers to be selected and ordered to training by their directors. Training may be viewed as the intervention of choice when the administration is unwilling to confront other real organizational factors which contribute to organizational performance problems. This results in the tendency to view organizational ineffectiveness as a function of line staff incompetence rather than as a consequence of poor administrative structure, faulty communication

systems, inadequate management practices or insufficient organizational supports. Similarly, training may be used as an intervention when other strategies are indicated. Much communications training grows out of interpersonal conflicts in the office with the assumption that if people were better able to communicate there would be less conflict. Training may be indicated but may focus on the skills of confrontation and negotiation for supervisory personnel or, from another perspective, on reinforcement by management for supervisors in intervening and dealing directly with interpersonal conflicts in the office rather than using indirect approaches such as training.

Finally, the political and geographic location of some human service practitioners may determine their accessibility to training. Practitioners in larger organizations due to larger economies of scale may have access to and benefit from resources which are devoted to training. Practitioners in smaller agencies, particularly private agencies, may be fragmented and work in situations where their training needs are unique to them although there may be many persons like them in other private agencies around the state. They often exist without a natural advocacy system for their training needs. As a result many private agency staff must depend on workshops, conferences and other consumer choice continuing education options which are offered within their geographic area. The absence of existing networks or unified linking systems among these agencies frequently makes if difficult to identify training needs and to plan effectively for participation.

The dimensions discussed above, size, purpose, economy and sociopolitical environment have broad impact on training programs.

A dimension which is more related to the individual program or even instructional activities within the program is the nature of the learnings which are sought. In some respects the nature of instructional design seems to be a blending of trainer preferences, learning theory, conceptual models, frameworks, perspectives and ideologies. Some of these combinations are internally inconsistent and yet, due to strong biases on the part of either the consumer or the trainer, programs may be designed according to biases rather than the nature of the learning sought. For example, the overuse of role play in the sixties and seventies as a "can opener" sensation technique has built up strong resistances among many persons to use of a very effective teaching technique. The recent emphasis on andragogy as an approach has resulted in a number of instructional designs reflecting peer group consultation models of instruction. While there are times when such participation and orientation are useful, there are others in which it can be demonstrated to be a less effective approach to learning.

A critical problem facing continuing educators is the apparent demand of participants to have all of the instructional activity self contained within the workshop. Homework, such as reading or assignments, is only variably successful. Learners frequently request that practice exercises be limited to one or two times rather than continual practice until a high level of competence is reached. What may be emerging is a characteristic of the adult learner, which is an unrealistic desire for rapid injections of practice knowledge with less and less effort. Lest this be considered a general indictment of adult learners, let it be qualified by saying that many of

these pressures are environmentally enhanced by job characteristics and demands which preclude opportunities for learning, reflection and trying out new things. On the other hand there is evidence that as many as 50 hours of training may be necessary to produce threshold level competence in such skills as emphathic response. If this is the case, certainly a one day workshop on communication skills cannot be expected to produce the kinds of behavioral change it frequently purports to seek. Trainers are frequently caught in an economic Catch 22. For purposes of economic survival either as an individual or as an organizational entity, they must deliver what comsumers demand even though in many cases they are aware that the consumer demands and constraints may render the program less effective. The implication here is that trainers and continuing educators must work towards greater education of their clientele to the realities of instructional design and the cost beneficialness of programs that actually produce determinable levels of competencies.

Included in this section are seven papers that deal with a variety of aspects of program design. Two of the papers deal with very large-scale training programs. Dresser discusses the development and implementation of a training program for Red Cross human services personnel deployed throughout the United States and around the world. The promise of this training program is that basic instruction in the human services must take into account the diversified backgrounds and experiences of staff, as well as the variety of settings in which they must deliver practice. Dresser describes the development of an open-ended training system that utilizes ten basic

modules, supplemented by special modules that provide more advanced training in selected areas of practice.

Lacerte describes a British system of training aimed at personnel employed by Local Authority Social Services which are large organizations providing unified and comprehensive personal social services. This system involves the Central Council for Education and Training in Social Work, which is responsible for promoting and accrediting social service staff training programs. Trainers have organized through the National Association of Training Officers in the Personal Social Services. The paper suggests that trainers in the United States would do well to examine the experiences of their British counterparts.

Edwards, Perritt and Bremseth describe the utilization of telecommunications satellites to deliver training to human services personnel in Appalachia. The use of this technology makes it possible to deliver training simultaneously to participants in over 40 locations in 13 states. The paper discusses the cost benefits of such an approach and presents an example of one training program developed for and delivered over the satellite network.

Woodall describes the development of a statewide in-service training project for social workers. The project involved the identification, recruitment and training of an interdisciplinary team that designed a training program and shared responsibility for delivering the training. The paper includes a description of the process, as well as examples of the content and delivery methodology.

Davenport and Davenport describe ways in which volunteers can be utilized in rural rape crisis programs. The paper indicates what

training the volunteers need, the knowledge and skills they require and considers what approaches to training are likely to be successful.

Miller and Jackson discuss the development of a community college based educational program aimed at upgrading the skills of human service workers. The program was based upon a study of students and employers which, when viewed in conjunction with information obtained from a variety of other sources, yielded valuable data upon which to develop a training program.

Watts describes the use of citation indexing and information science as aides in the design of delivery of human services training. By utilizing such developments in information science as citation indexing, trainees can be encouraged to develop critical and analytical acumen. Further, the technology of information science can be a valuable asset to developers of human service training.

The Art of Helping: A Training Course

by Astha Cartmell Dresser

The American Red Cross Commitment to Training

The American Red Cross, through its chapters and at military sites worldwide, provides a broad spectrum of human services to military and veterans' families, to certain civilians and to disaster victims. Training and staff development have been concerns of the organization since 1918 when the first Syllabus of Instruction for Home Service Institutes was developed by Porter Lee, T. J. Reilly and Mary Richmond. Meeting the developmental needs of the extraordinarily large number of volunteers and lesser numbers of paraprofessional employees has posed a constant challenge to those who have had responsibility for training and staff development.

Basic instruction in the human services must take into account the diversified background and experiences of the staff to be trained, as well as the fact that these workers are asked to provide quality service in a wide variety of settings. Some of them work alone, perhaps at some distant outpost in Korea where consultation

and supervision are restricted to telephone communications and an occasional visit. In the United States, the 3,100 chapters of the organization range in size and scope from the multi-service, professionally-staffed metropolitan chapters to those based in the homes of volunteers in snowbound Alaska or remote areas of the Texas Panhandle.

The single unifying element is that every unit of the Red Cross must provide certain services established by the national Board of Governors and carry out the responsibilities outlined in the organizations' congressional-charter namely, to provide disaster relief, to fulfill the international treaties of the Red Cross and to act as a medium of communication between members of the Armed Forces and their families. Beyond these mandated services, chapters may offer other human services which their individual communities need and support, and which the Red Cross is capable of providing in a competent and professional manner.

For many years, a single course acquainted new workers with the basic elements of social welfare services but this was limited in scope and usage. Many approaches to training have been reviewed periodically and, about four years ago, the module concept was selected as most suitable to the needs of the American Red Cross. A training plan was developed which led to the creation of The Art of Helping: A Training Course, an open-ended training system incorporating ten basic modules which provide the beginning knowledge and skills needed by new workers, and supplemented by Special Modules which offer more advanced training in selected areas of practice. Thirteen modules have been copyrighted and two additional modules will soon be ready for release.

Special Modules help staff achieve higher levels of skill in practice and acquire additional areas of competency. For example, workers who have completed the basic modules may then take Special Module III which deals with crisis intervention as a specialized service. Another Special Module concerning telephone interviewing will be released shortly which utilizes a video cassette to illustrate ineffective and effective telephone interviewing. A module on Disaster Welfare Inquiry Service is now being edited.

Attachment A, The Circle Chart, illustrates the Basic and Special training modules, identifies existing modules and demonstrates the continuity of training. The key to the Circle Chart explains the training. Attachment B, gives the correct title for each of the ten basic modules and attachment C presents the learning outcomes for each of the ten modules.

The design was field tested at several locations to determine its usefulness to instructors and to assess the probable learning potential of the content. Special care was taken with the module language to avoid professional jargon and provide an interpretation of traditional and current social work concepts in simple, understandable English. No attempt has been made to create "instant social workers" but rather to emphasize the components of a helping process which, if applied successfully, will result in better service to clients.

To date, 6,000 individuals in the United States and around the world have taken one or more of the modules and have completed written evaluations of their experiences. Instructors are also re-

quired to critique each class and a national staff member has monitored selected classes.

From this feedback, it is apparent that the basic course objectives are being met with a high degree of success. It has been found that the design is highly adaptable to changing time sequences. For example, several modules may be given over a period of three consecutive days or handled in six half-day sessions. This is an important consideration in the Red Cross, since limited financial resources often preclude provision of travel and maintenance expenses for paid and volunteer staff. It is also apparent that the degree of individual learning is high and that simplified language has facilitated comprehension. Group exercises, role play and the active involvement of participants have expanded the learning experience. Peer input has frequently resulted in practical problem-solving and has also lessened the possibility of an "ivory-tower approach" by instructors.

Modules I through IV have been presented more frequently. When trainers discover how much trainees need and welcome the training, they attempt to repeat these modules for other workers in their jurisdictions. However, deciding which module should be taught next often presents a problem, as trainee comments repeatedly alert trainers to worker needs in several different modules.

Finally, although The Art of Helping was designed to provide basic instruction and skills to beginning workers in the human service field, it has proven to be an excellent refresher course for more experienced staff. It has also been used successfully with non-Red Cross groups by the simple omission of specific references

to Red Cross policy and services and the substitution of case material more relevant to the non-Red Cross agency.

Objectives in Designing The Art of Helping

The Art of Helping includes the following training objectives:

1. Quality service to clients,
2. Skills training applicable for beginning and developing workers, both volunteer and paid,
   - in both large and small chapters
   - in isolated and in populous areas
   - when assigned to work with armed forces personnel on military installations
   - when on disaster assignment.
3. Training that provides all paraprofessional workers in the Red Cross helping services with a uniform body of knowledge, based on professional concepts, that will lead to:
   - improvement in job skills;
   - a better understanding of the broad field of social welfare and the important role each worker plays in that field;
   - an awareness of how worker attitudes and feelings affect job performance and, ultimately, service to people;
   - an acceptance of worker responsibility to the agency in which he or she works.
4. Training that can be spread over a period of time, yet designed so that each module builds upon, and reinforces, knowledge gained from previous modules.

To accomplish our objectives, we:

1. Selected a modular approach to curriculum building as best suited to Red Cross needs and the realization of our objectives.
2. Incorporated adult learning techniques to maximize class participation and to facilitate learning.
3. Included a variety of methods to test and retest whether participants were assimilating the desired learning.
4. Recommended a time sequence that could spread training over 18 months. This factor was intended to counteract any desire to condense or eliminate sections of the training in order to reduce the amount of staff time, travel and maintenance costs.
5. Developed The Art of Helping so that each module built upon learning accumulated from those taken previously. However, as each module emphasized a specific body of knowledge, certain modules were created to be given individually, out of numerical sequence, when such a plan would best meet the needs of workers.
6. Developed an instructor course for potential trainers.

Module Format

Each module follows the same format and includes the instructional materials and, in a separate section, the resource items.

The instructional material is divided into a three-column page separating:

- Subject Matter;
- Method of Presentation;
- Resource Materials.

Subject Matter includes the basic content the trainer must cover.

Method of Presentation suggests methods of presenting the content in the Subject Matter column and of involving class members in the learning process. The material draws heavily upon adult learning techniques and provides continuous and varied opportunities for individual and class participation. Participants immediately become active, vocal trainees which is a source of great satisfaction to trainers. Methods include the use of work groups, individual and group problem-solving, role play in small groups and practice exercises to reinforce and test learning. Flip charts and other visuals are used by both trainers and trainees. Whenever trainees work together, trainers have time to review content, progress, need for clarification and to plan for content summaries.

Audiovisuals may be used in the ten basic modules and there are suggestions for alternate methods when they are not readily available. This approach was realistic as the training must be teachable, with a minimum of props in every size chapter or location. Some of the special modules require the use of films and video cassettes and these are distributed by national headquarters.

Resource Materials needed for use in each of the modules are listed in the third and last column of the design. Resource materials are labeled "For Instructor Only" or as "Handouts." The "For Instructor Only" items contain information to enrich the trainer's pre-

sentations and, when needed, to increase trainer knowledge of the subject matter. Items labeled "Handout" are for class members and must be reproduced, prior to the class, for each trainee.

The resource column may also list Red Cross literature or other documents, visual aids and practice exercises that will be needed when the module is taught. In effect, this column, listing the resource items in the order that they will be used, alerts the trainer to the items needed to study, reproduce or order, the equipment needed and informs the trainer if technical refer documents must be obtained.

Course Content for Trainers

Course content (Subject Matter column) reflects professional concepts and current thinking supported by leaders in the social welfare field. A thorough search of literature and professional consultation insured the validity of the content. The content and methods used in The Art of Helping also reflect the author's years of experience in the social welfare field: from the local to national level, in a variety of locations and positions in both the public and voluntary sectors; as liaison with other national agency personnel; and as national training coordinator for Red Cross social welfare services. In addition, the national training office of the organization offered consultation on design development and the material was professionally edited prior to publication. Each of the modules has been copyrighted by the American Red Cross.

Clear and simple language has been used throughout to assure

that all material is clearly understood and that only one interpretation is possible.

The course content serves two purposes. One is to provide a uniform body of knowledge for each instructor to present. Content included in the trainer's module, resource pieces developed for trainer enrichment and suggested readings provide the trainer with essential knowledge needed to present each module. Developing issues, such as legislative decisions, should be studied by the trainer and incorporated where needed. Basic, simply presented content guides the experienced MSW trainer through the progressive development of the subject, freeing the trainer to concentrate on helping the trainees learn.

The second purpose is to make certain that trainers do not omit subject matter with which they are unfamiliar or uncomfortable, an escape mechanism used by some trainers in previous training courses.

The detailed subject matter and suggested methods for group involvement have been well received. Trainers, almost unanimously, have expressed pleasure and satisfaction with their teaching experience. They have been thrilled at the ease with which they obtain class participation (sometimes never before achieved), the scope of learning that occurs and, most importantly, with the trainees' positive reactions to the learning experience. The Art of Helping can be a fun experience for both trainees and trainers. It also places tremendous responsibilities on trainers who must deal with unexpected questions and comments that arise from misinformation or lack of knowledge about agency policy.

Instructor Manuals and Participant Workbooks

There are no pre-assembled workbooks for participants. Each module, including the design for teaching and the resource items, is the trainer's manual. When preparing each module the trainer must reproduce sufficient copies of the item labeled "Handout" for each participant to build a permanent workbook. This decision was influenced by the desire to assure that workbook materials were always current. Needed revisions are distributed only to a limited number of certified trainers who, in turn, reproduce the new workbook items.

The plan has worked well in most locations, particularly in division headquarters chapters and in other locations where duplicating equipment is readily available. For those few locations where duplicating equipment is not available or when copies become a cost item, the national office has provided the workbook materials.

Sequence of Training Modules

The Circle Chart, Attachment A, shows the modules in order of development, following a logical sequence for training Red Cross staff in the helping services.

The module sequence serves several purposes, particularly to allow a generous time span for training and some leeway for teaching certain modules out of numerical sequence.

Module I, "Introduction to The Art of Helping," is as the title implies, an introduction. It is a necessary guide to utilization of the modules in relation to staff needs and staff readiness for training.

Modules II through IV represent the training recommended for every beginning worker. When possible, these modules should be given as a unit and a base for subsequent modules.

Module II, "Introduction to Social Welfare and Social Welfare Services," provides a sound background to the social welfare field. Experience has demonstrated that too many new, and even experienc ed, workers are uninformed about the broad field of social welfare, the variety of systems providing social welfare services and benefits and, perhaps most significantly, the vital role each worker plays. In addition to knowledge of the field, we have attempted to instill in the workers pride in their jobs and in their identification with the field. Beginning workers need to cover the content thoroughly; it may be shortened for more experienced staff.

Module III, "The Worker's Responsibility in the Agency" is a "must" for staff training. It is a hard-hitting module directed toward such topics as:

- the worker's reasons for a career in the field of social welfare;
- attitudes and how they affect work performance and client responses;
- the worker's responsibilities to self, clients and the agency's program and policies.

Today's worker may not bring to the job either a sense of commitment or loyalty. The employee's top priorities may continue to be job-shopping for a higher salary, a work location to help effect change or the pursuit of another self-satisfying goal. Today's workers may also reflect rigid attitudes about different life styles

and work patterns. This module has no intent to "remake" workers. Rather, it encourages open discussion about attitudes and feelings that affect job performance, considers ways to handle personal reactions which will support the agency and its commitments and helps workers be more comfortable and more effective in their assignments.

Module IV, "Basic Interviewing, The Art and Science of Human Interaction," is long and the content is comprehensive. It covers preparing for the interview, steps in the interview and essential knowledge and skills to insure that the interview is an effective vehicle of quality service to the client--the ultimate objective in any interview.

"Steps in the Interviewing Continuum," Attachment D, was developed to help participants conceptualize what happens in an interview and to provide the knowledge and skills needed to conduct an effective interview.

This module emphasizes that interviewing is indeed both an art and a science; that handling knowledge and skills, worker and client attitudes, isolating and moving toward resolution of problems is no easy task. Class exercises prove workers need repeated exposure to training and practice to become proficient in interviewing. Even then, some unexpected development may help contribute to a less than effective interview.

Module IV has been of special interest to supervisory-staff because it helps to reassess their own supervisory efforts, reevaluate expectations about developing workers, expand the need for additional training sessions for developing staff and refresher courses

for long-term staff.

Module V, "Introduction to Your Service," may be given at any time. In The Art of Helping, Module V is developed for workers providing service to military and veteran families. It is historical in background and does not contain skills training.

In the Circle Chart (Attachment A), Module V is illustrated by several inner circles, each representing one of the helping services in Red Cross. Each of these services must develop its own background module to relate the training to the appropriate setting. For example, one department has developed a Module V applicable to workers who serve people located on military installations and in military hospitals.

Modules VI through X cover the specific services provided by chapters to military and veteran families. They may be given in sequence or individually, depending upon staff need.

Module VI, "Resources, Information and Referral," is recommended for all staff and the concepts are applicable to any social welfare agency. In our experience, few workers in any agency realize the scope of community resources, and rarely do they consistently follow sound referral practices.

This module incorporates the learning from years of experience, an extensive perusal of literature, and the author's role as consultant during a one-year demonstration project in providing referral services for welfare recipients in selected communities sponsored by the Social Security Administration. The module includes suggested referral forms.

The decision to omit or delay training in a specific module relates to the worker's need. For example, a worker who regularly sees clients requesting financial help will need Module VIII, "Financial Assistance and Budget Counseling." A worker not scheduled to work with veterans need not be scheduled for Module VII, "Veterans' Benefits." And a worker in an isolated area handling only requests for reporting or communication services might be given only Module IX, "Reporting and Communications Services."

Time Span for the Course

We recommend that the basic Modules I through X be spread over a period of 18 months. This recommendation takes into consideration the extensive content of the entire course, the hours needed to adequately cover the content of each module, the travel and maintenance required for workers to participate in a comprehensive training course, the time factor in absence from jobs and the adverse impact on trainer and trainees when too many modules are scheduled during each training activity. The course content is comprehensive and based on professional concepts. Each of the modules has a profound effect on trainees and can best be absorbed in small segments, interspersed by periods of practice.

The trainers also perform better when working with a limited number of modules. The modules are satisfying to teach but they require substantial advance preparation in addition to the class time needed and, as in any training, leading trainees through concentrated material is hard work no matter how gratifying the experience.

The modules vary in length and many lend themselves to groupings. For example, Modules I through IV may be given on three

successive days or one module may be given each week until finished. Others, such as Module VIII on financial assistance and Module IX on reporting and communications, require a minimum of one day each because the content employs intense learning and group involvement, and they should be given by themselves, not followed or preceeded by another module.

The timing for each module was set as a minimum because we were aware of the constant pressure to condense training into the shortest possible time. The minimum time suggested covers the material, but most modules are handled more adequately within a more generous time allocation. Therefore, spreading training over a period of a time has allowed trainers the extra time they want and need for the various modules.

Selection and Training of Instructor-Candidates

We specified that qualifications for potential trainers include: staff with an MSW degree; experience and knowledge about Red Cross and the social welfare field; demonstrated ability in training, or a sincere desire and the potential ability to teach. Some exceptions were made to include staff with less than an MSW degree if they met other qualifications.

The original trainer group was selected from staff across the United States who were working in the Red Cross social welfare services provided by chapters and at military installations. Later, Red Cross Field Director staff, assigned to VA Regional Offices, were trained to teach Module VII, "Veterans Benefits," and several of these candidates, based on ability, were certified to co-teach the entire series of modules in chapters with certified instructors.

Training the trainers usually required three to four days. The first day concentrated on adult learning techniques. The day began with a review of material (distributed and read by class members prior to class) on the pedagogical versus the andragogical approach to learning. Discussion included how class members had learned and their perceptions of how trainees can best assimilate new learning. With this as background, we discussed when and why a variety of adult learning methods are used in the modules and finally we concentrated on the trainer's responsibility to read and test group reactions and the possible implications for trainer action. By the end of the day class members were ready and eager to begin practice teaching assignments taken from the modules.

Training in teaching The Art of Helping was prefaced by an introduction to the course. This was followed by individual presentations by the participants in segments taken from Modules II, III and IV. The modules had been reviewed before the class convened but night study was necessary to prepare for the assigned presentations.

Each presentation was critiqued by the presenter and peers. The leaders then related the presentation to the design and use of appropriate adult learning techniques. Naturally, each presenter benefited from each presentation and critique. By the close of the training session, most potential trainers were comfortable with The Art of Helping modules and eager to begin training of staff. Most were then certified as instructors. Recertification is based on successful teaching of a prescribed number of modules in the ensuing 12 months.

The training session included presentations by co-trainers, a teaching method we recommend especially when several modules are given at one time. The modules are so comprehensive that pressure on the trainer is reduced when co-trainers help handle content, class participation, various work assignments, handouts, visuals and related responsibilities.

Individual Preparation for Teaching

Each module begins by defining "learning outcomes." These are followed by a "Note to the Instructor." This "note" suggests how to prepare for teaching the module; it reminds the trainer that the Resource Materials column must be prepared well in advance of actual training.

The Art of Helping provides the knowledge and methods needed to teach a specific subject. No magic, however, can relieve the trainer of the necessary preparation to master the design, become familiar with the flow of content and yet maintain his/her own personality, spontaneity and warmth in the teaching role. In The Art of Helping, as in any other training, learning is dependent upon the trainers' knowledge of the material and how clearly it is presented. Preparing for any training course is hard work and consumes hours of uninterrupted concentration; on-job time should be given to instructors for this presentation.

THE ART OF HELPING

ATTACHMENTS A - D

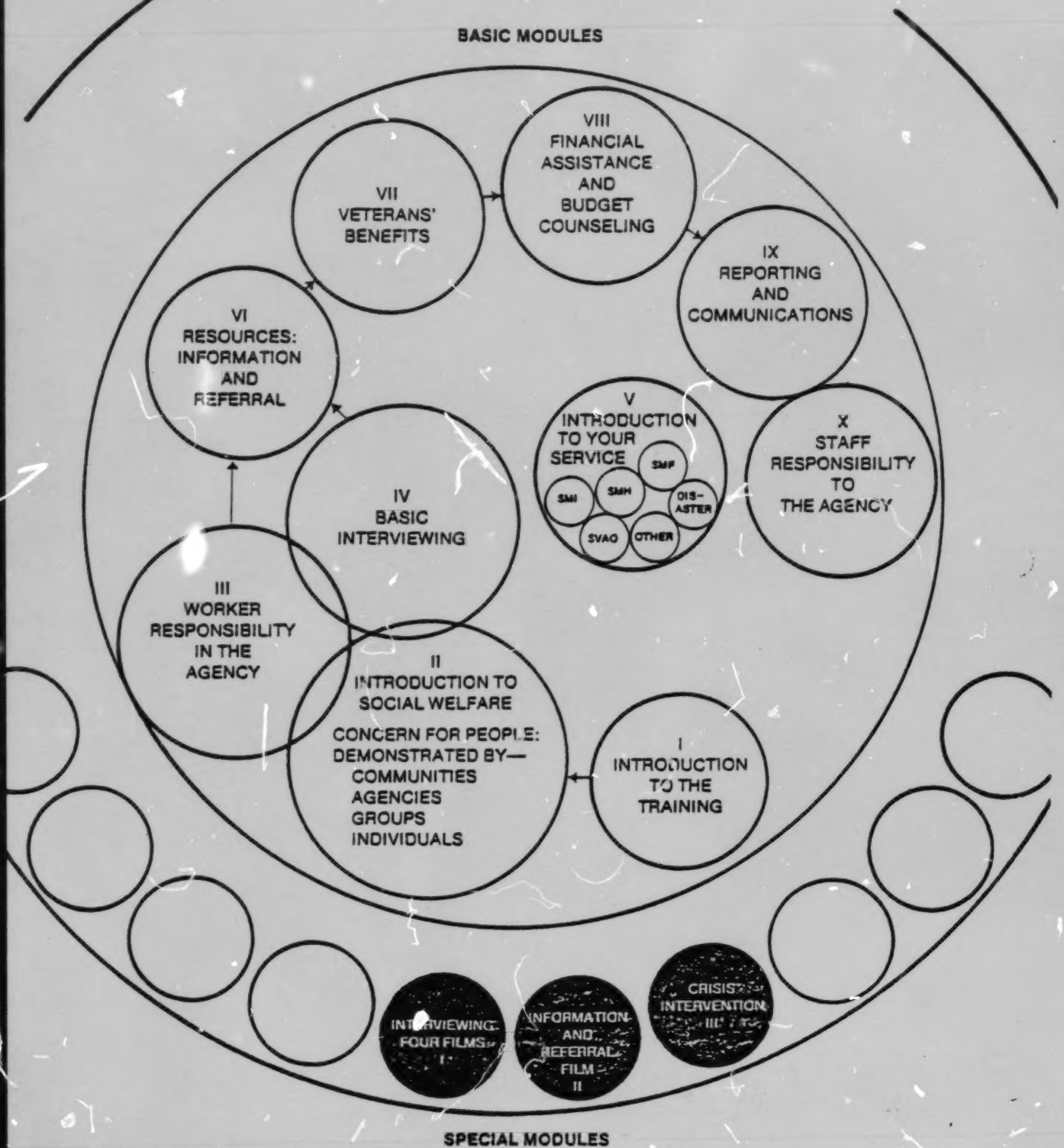
ATTACHMENT A

THE ART OF HELPING

CIRCLE CHART OF BASIC AND SPECIAL TRAINING MODULES

Special Module II

RESOURCE 1
Handout



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KEY TO CIRCLE CHART

THE ART OF HELPING—CONCERN FOR PEOPLE

The recurring theme in the training course The Art of Helping, is Concern for People. The total course represents cumulative learning for workers who are new to the field of social welfare and for those who wish to improve their expertise in using their knowledge and skills to help other people.

This concern is demonstrated daily through such things as the programs that are planned and financed by the community; agency services that benefit the people of the community; and groups of people who pinpoint needs and plan how to marshal the resources to meet those needs. Individuals, in their roles as volunteer or paid staff members who give service, also demonstrate caring for fellow human beings.

The ten modules in the inner circle represent the basic knowledge and skills needed by staff assigned to the SAF Services; some of these modules are equally appropriate for staff in SVAO and in Disaster Services, and for other agencies.

The first four modules should be given consecutively.

Module V, *Introduction to Your Service*, may be given before or after the first four modules. It will be different for each of the SAF&V Services and Disaster Services; each Service develops its own Module V so as to relate to the requirements of the service.

Modules VI through X should be given when staff members are ready to handle case situations that relate to the content of the particular module. If, for example, a staff member will work immediately with communications and reporting services. Module IX should be given. If financial assistance cases will not be assigned immediately, Module VIII, *Financial Assistance and Budget Counseling*, would not be given until later.

The special modules, pictured in the outer circle, may be given when staff are ready for special or more advanced assignments. The special modules build on the training provided in the inner circle. In time, the outer circle will include more special modules (represented on the Circle Chart by blank circles).

THE ART OF HELPING: A Training Course

COURSE OUTLINE

MODULE

I Introduction to the Art of Helping

II Introduction to Social Welfare and Social Welfare Services

III The Individual Staff Member in the Delivery of Social Services

IV Basic Interviewing—The Art and Science of Human Interaction

V Introduction to Service to Military Families

VI Social Welfare Resources, Information and Referral Services

VII Veterans' Benefits

VIII Financial Assistance and Budget Counseling

IX Reporting and Communications Services

X The Worker's Responsibility To Work Within the Framework of the Service and the Agency

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OVERALL LEARNING OUTCOMES — MODULES I THROUGH X

MODULE

I None.

II To understand the social welfare systems and how the Red Cross helping Services, SAF&V and Disaster, fit into these systems.

III To understand the role of the worker in the worker-client relationship.

IV To provide staff—volunteer and paid—an understanding of, and beginning skills in, counseling and as an aspect of counseling, interacting effectively with clients.

V To understand how the SMF program developed and the extent of the SMF program services for members of the armed forces, veterans, their dependents, and others.

VI To understand social welfare resources and how to make them available to clients through information and referral services.

VII To develop an understanding of veterans' benefits and the skills to help veterans initiate requests for Veterans Administration benefits.

VIII To improve skills in financial assistance and budget counseling.

IX To develop an understanding of, and beginning skills in, reporting and communications services; to develop knowledge and skills in using the resource documents that relate to reporting and communications.

X To understand the worker's responsibility for functioning as a productive member in the framework of his service and his agency.

STEPS IN THE INTERVIEWING CONTINUUM

← BEGINNING THE INTERVIEW →

Preparing for the Client →	Worker's Reception of the Client →	Exploration →	Plan of Action →	Termination
Reception—Agency Phone—Walk-in Physical plant Preparation—Worker Information on client Agency policy Free self for client	Introduction to client Courteous Climate (rapport) Moving to help	Help client tell story Clarify problems Isolate immediate problem	Worker's responsibility Client's responsibility Next steps	Review decision and Who does what Next appointment or contact
	Concentrate on client Developing relationship Moving to be helpful			Effective service

KNOWLEDGE AND SKILLS NEEDED BY WORKERS TO BE EFFECTIVE IN THE INTERVIEWING PROCESS (VEHICLE FOR HELPING)

- Basic concepts (client's rights)
- Skill in using knowledge
- Knowledge of human behavior (worker and client)
  - Attitudes and feelings
  - Self-awareness of worker
- Ability to establish rapport and a relationship
- Skill in using self in interaction with others
- Ability to communicate and to conduct a meaningful interview
- Knowledge of agency policy
- Knowledge of referral sources
- Understanding of importance of the setting

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Agency Training in British Social Service Agencies

by Judith Greene Lacerte

Local Authority Social Services

Agency training has undergone a renaissance in England as a result of the 1970 British legislative decision to reorganize the categorical programs for children, the mentally handicapped and the elderly into one single pathway service agency known as Local Authority Social Services (LASS).[1]

Prior to this change, the structure of services and the division of responsibility were between the definition of problems (i.e., mental illness, homelessness), upon age group (i.e., the elderly, school-age child) and upon legal and administrative classifications (i.e., delinquency). This structure interfered with the growing commitment to treat both the individual and the family as a whole. Allied developments included an increasing emphasis upon community rather than institutional care, interest in preventive work and the recognition that there is often no clearly defined service responsibility for some needs and certain groups of people; particularly for

newly emergent problems that do not fit into established categories.

It is important to emphasize that the new LASS of the 1970's are quite different from their relatively small, highly specialized predecessors. LASS are large organizations providing a unified and comprehensive range of personal social services.[2] They cover large geographic and population areas with a wider range of services than are usually available in most American communities.[3] A sample includes: special equipment for the homes of the disabled; residential and day care for the young and old; domestic home care for the elderly and disabled; interpersonal counseling for overwhelmed children and parents and child protection services.[4]

In essence, before 1971 the British system of social services was similar to our own present one, because it was categorically imposed on the population, who in turn supported it through legislative funding, agency structure, professional educational policy and the British need to maintain tradition. In other words, the categorical system was entrenched. And yet after much hard work documenting the familiar complaints of inadequate provisions, difficulty of access and poor coordination and with sound leadership in the social policy arena, the old was swept away and a new system was born.

New generic departments were literally formed overnight from those which had yesterday been in a categorical setting. The child care worker suddenly had a mixed caseload including emergency admittance to mental hospitals and the home-bound elderly. The mental health worker faced the new day with predelinquent adolescents, foster children and families facing eviction. The generalist-specialist issues have come into sharp focus. How does a specialist

become a generalist[5] in 24 hours, 24 days or 24 months? A generic worker and/or department were required, but the university faculties were only familiar with the old system of specialization.[6] The directors of social services, individually and collectively, realized that the local authorities would have to retrain the workers themselves, therefore training departments were created. Today nearly every LASS and major voluntary agency has a well-staffed training department. This new group of social work professionals called training officers has now formed their own organization, The National Association of Training Officers in the Personal Social Services (NATOPSS).

Social services in the United States have changed significantly in clientele, delivery and financing since the Public Welfare Amendments of 1962 (P.L. 88-543). In the last decade social service reorganization has been the trend. In a search for its own unique pattern of effective service delivery, the Department of Health, Education and Welfare (DHEW) has been reorganized twice. American policy leaders are looking at models of service integration, which involve not only realignment of federal management responsibilities but also consolidation of local delivery mechanisms. There have been over 65 service[7] integration projects and more than half the states have combined human service agencies. It is clear that the American structure of social service is not static, but dynamic.

Title XX of the Social Security Act, the largest single social service funding mechanism, provides the foundation for a model of delivery similar to that of Great Britain. Leadership is coming from the public sector, which is providing services as well as funds.

New opportunities and pressures are available for the joining of public and voluntary agencies. The non-poor are included in service eligibility. However, there are no federal guidelines to insure uniform professional standards.[8]

Agency training has played a significant role in Great Britain in maintaining and upgrading professional standards as it has moved from a categorical structure to a universally delivered, publicly funded social service program. To better understand the potential contribution and power agency staff developers/trainers can have in the delivery systems especially one undergoing change, it would be a logical step to acquaint ourselves with the role of agency training in a country whose social service system is often used as a model of comparison and as a goal to emulate as we move into the twenty-first century.

Training Officers

People power is the principal resource of the social services. Considerably less than half the social workers were professionally qualified in 1970 when the LASS were put into operation.[9] Basic training was essential for the effective delivery of unified, family oriented, community based services; in-service training was a priority during the transitional period. Prior to reorganization, agency training consisted primarily of orientating staff toward their roles as paid servants of a corporation and to the laws that had to be administered. Today, the new social services require personnel with knowledge, skills and attitudes to respond appropriately and sensitively to people with problems. Standardized education to facilitate a

common understanding of goals and procedures was needed to ensure a professional practice and a career structure.

In 1971 the Central Council for Education and Training in Social Work (CCETSW)[10] was created from three prior councils.[11] Its responsibility is to promote and accredit training programs for staff in the social services. At the end of 1975 the Department of Health and Social Security's (DHSS) National Working Party on Manpower and Training in the Social Services stated that social work training should be a major national priority and that all social service staff should receive training appropriate to their role. The mid-1980's is the target date for half of all residential and field workers to be qualified.[12]

It is the task of the training officers (T.O.'s) to organize, coordinate and facilitate external training opportunities and to render internal staff development. T.O.'s are responsible for providing training opportunities for all social service employees of whom only a part are social workers. Others include homehelps; care assistants in residential day care and social centers for children, adults and the elderly; teachers of the mentally handicapped; handicraft instructors; cooks; clerical staff; social work assistants; community workers; hospital staff and probation workers.[13]

The majority of the training officers' time is spent in the following:

1. Assisting individuals in applying to professional schools and in negotiating educational leave (plus tuition and salary), known as secondment. This person then owes the agency one to two years of work upon graduation.

2. Coordinating the agency's role in the Certificate in Social Services scheme. This is the new form of training in England for social service workers as opposed to social workers. This is the first time the agencies and academic staff have been involved jointly in planning a program geared to the actual job of the person taking the course.
3. Identifying training needs and arranging sessions on any subject ranging from implementing new child care legislation for social workers, to basic interaction skills for drivers and cooks, to facilitating team work between highly trained psychotherapists and untrained managers of residential facilities.
4. Recruiting social work trainees. Trainees join the LASS as unqualified workers on the understanding that if they perform well for a year and are admitted to a professional program they will be seconded.
5. Organizing orientation courses for all new staff.
6. Arranging for the supervision of students from professional courses.

Training officers were not created from a textbook theory nor from a government committee, but from a practice need. Although mostly qualified, they did not come from colleges but were promoted directly from practice. Most have had no preparation for teaching other than several years of worker/student supervision. Their foundation is their own good practice and their professional goal is ensuring the good practice of others. It is to that goal rather than scholarship, rhetoric or professional status that they are fighting to

hold the colleges, the Social Service Departments, CCETSW and the government responsible.

Beginning in 1971 mostly as individuals rather than departments, T.O.'s were first expected to administer rather than teach. The first priority was obtaining training for the management personnel in these new departments, but their own preoccupation was defining their own role of training officers. In the second year, their concerns broadened to how to select the best courses for staff and trainees, how to work with untrained personnel and how and what to do with non-social worker staff. The third year saw a higher level of sophistication and the emergence of training departments. The concern was no longer how or what to teach, but how do people learn? How does training affect policy? Should staff be supported by training or supervision? Larger departments created the post of Principal Training Officer for overall planning and negotiation with management.

NATOPSS: From the Beginning

The position of training officer was created in 1971 because LASS needed to teach social service workers about a new delivery system. Training officers concerned with defining and implementing their new roles created informal support and exchange groups throughout England and Wales.[14] These were regional groups; each of which was composed of any number of local authorities. The idea of a national group of training officers made up of members from both the statutory and voluntary agencies was first discussed by T.O.'s in December 1972 at a day conference sponsored by the National

Institute of Social Work.[15] Subsequently, during a week's training course in January 1973 a group of T.O.'s agreed to act as a catalyst to wider thinking. A further NISW course was to be held in March where another group could consider the proposal. Consequently, a day-long organizing conference with a formal agenda was arranged for the end of that month. In an invitational memo to training officers in LASS, Probation and Aftercare, hospitals and voluntary agencies, the following reasons were given for the need for a national group:

1. No single national body is wholly representative of the various aspects of training in the personal social services.
2. The formation of such a group is important as an information disseminating body that can exchange ideas about resources.
3. There is a need for a coordination and consolidation body for the regional groups already in existence.
4. A national body would offer support to T.O.'s, many of whom want to compare educational and training standards on a national basis.
5. A national group could act as a link between statutory and voluntary agencies regarding training.

Before forming a separate national group, the T.O.'s explored the idea of becoming part of the British Association of Social Workers (BASW), but as this group represents only a small proportion of social service staff, it was felt that this would be a wrong step.[16] Neither was it believed that the Association of Teachers in Social Work Education (ATSWE) could represent their views, since a prio-

rity objective was to press the university courses for higher and more common standards; the tutors did not share this perspective. However, the idea quickly gained support from BASW and CCETSW. Up to this point, the training officers had been a difficult group for other organizations to reach because there was no central reference point. As the next few years were seen as crucial in setting patterns of training, a national association of T.O.'s would be essential to their playing a meaningful part in these new developments.

The Steering Committee was elected in November 1974 at the first Inaugural Study Conference in London attended by 80 people, including representatives from the Association of Directors in the Social Services, ATSWE, DHSS, CCETSW, BASW, the Personal Social Services Council (PSSC)[17] and the voluntary agencies. In March 1975 the constitution and by-laws were completed. The aims and objectives of the association were stated as:

-- dissemination of information to affiliated groups and individuals,
-- the collation of information and views about training,
-- the presentation and promotion of the views of the association in appropriate places,
-- the stimulation, support and rationalization of the affiliated groups,
-- the establishment of formal contacts with other bodies which have training responsibility and activities,
-- the organization of an annual conference.

The governing body is a national committee composed of representatives of each affiliated regional group. Membership may come

either through group application or from an individual engaged in management and implementation of staff training in the social services, for whom group membership is not available.[18]

NATOPSS' Activities

It became apparent in the first year that the aims of providing an interchange of news and information between regional groups was not being achieved. In April 1976 the first edition of the Newsletter was published with contributions from affiliated groups. Annual conferences are held to provide further opportunities for exchange, clarification of business matters and educational input. The third and most recent conference offered a day-long workshop on training staff for risk-taking situations.

The focus of NATOPSS today is on the third objective of promoting their views. This is being accomplished in three ways: (1) by obtaining formal places on important committees, (i.e., on the Steering Committee of the CCETSW Clearinghouse responsible for channeling all applications to social work schools and on the CCETSW's committee responsible for accrediting all Certificate of Qualification in Social Work programs)[19]; (2) by being invited to attend national gatherings composed of representatives from other organizations to discuss items of significance, such as a meeting called by NISW to explore centralized government funding of social work education; (3) by reviewing professional documents that are related to training and giving feedback to the respective bodies, most especially CCETSW, DHSS and BASW; (4) by preparing their own reports on national issues such as how potential students are

selected for professional training, what social service jobs require social worker intervention and which do not, training provisions for non-social work staff and the implications of specific social service legislation for training (i.e., The Children Act, 1975).

In summary, NATOPSS is an organization with realistically modest but important aims, whose structure is simple and based on the success of regional groups. Agency training is now seen as an important part of the management function since it is a prime vehicle of communication between policy makers, administrators and direct service personnel. As a result, training officers are helping to set national educational standards and policy.

Conclusion

British social services are those most frequently studied when American policy leaders and academicians look for alternative patterns, comparison data and the ideal type. The need for such services is no longer questioned in Great Britain. Although we have not reached that conclusion, Title XX could well be the cornerstone for a similar philosophical foundation. America of 1978 is in the same place Britain was in 1970--new legislation is changing the completion of social services and if fully implemented, holds the promise of a new era.

However, if we are going to look to the British for inspiration, then we must also review how they train their social work and social service staff. Based on British experience, as services undergo changes from a regulated past to an open future, social service staff need help in equipping themselves with the skills, knowledge and attitudes required to implement new delivery patterns.

The question of how Title XX will affect professional performance standards is uncertain. The absence of federal regulations gives each state considerable freedom to determine its own professional quality. What is certain is that the opportunity exists to promote the value of professionalism in the social services.

However, who will be present to advocate for quality service delivery? NASW's major goal is the care and well being of the profession. Furthermore, it does not represent the majority of human service workers. Schools of social work are committed first to scholarship; planners are concerned with resource allocation; consumers want their special needs recognized; social workers and other service providers want to make sure that they get their share of the available program funds. For some groups, getting their piece of the action may be more important than the quality of the action.[20]

In Britain it is the training officers who are physically present and free from other professional goals who safeguard standards. Furthermore, they have extended themselves beyond the boundary of staff development. Through the National Association of Training Officers in the Personal Social Services, they have a formal voice in national education planning and standard setting. This has resulted because of the key role they are taking in transforming categorical services into generic delivery departments and their ability to understand the dynamics of their role and to organize themselves accordingly.

Title XX is bringing in a new era of social services and standards must be set if the profession is to maintain its integrity.

Should it be agency training personnel and staff developers who organize themselves around quality care and carry the banner of professional standards into the twenty-first century?

FOOTNOTES

1. The rationale and the model for the new delivery patterns can be found in the Report of the Committee of Local Authorities and Allied Personal Social Services, 1968 CMND:3703 The Working Party was chaired by Mr. Seebohm and the report and the time period is commonly referred to the Seebohm Report, pre- and post-Seebohm. The adoption of the report required the local authorities to appoint Social Service Committees with a director and adequate staff. LASS became responsible for helping people with non-financial problems. Income maintenance and case benefits are the responsibility of the central government through the Department of Health and Social Security.

2. The term personal social services is of British origin. It separates personal intervention (i.e., adoption and casework) from the five other social services: income maintenance, health, housing, education and employment. For a further description and conceptualization see Alfred J. Kahn and Sheila B. Kammerman, Not for the Poor Alone: European Social Services (Philadelphia: Temple University Press, 1975).

3. To prevent this monolithic organization from becoming cumbersome, inflexible and impersonal, most of the field social work is done in teams of 6-12 workers and in neighborhood centers serving 50,000 to 100,000 people.

4. Nearly all the present social services were pioneered by the voluntary organizations, especially from those with religious motivations. Voluntary organizations are still strong, supplementing the statutory provisions. LASS often work through the voluntaries when seeking a specialized service or providing care to a particular target group (adoption, residential treatment for children, day care for children of single parent families).

5. The terms generalist and generic will be used interchangably to mean someone or department capable of working with multiple target groups using whatever social work interventions are appropriate.

6. A report by Robert Holman in Community Care (June 23, 1976) showed that only 14 of the 173 full-time social work lectures were involved with statutory agencies. In response to the situation a letter was published in Social Work Today (November 30, 1976) calling for a moratorium on all training for two years during which time social work teachers could work in LASS to bring their experiences up to date.

7. HEW has sponsored 65 service integration projects in the last five years. Project Share, Rockville, Maryland, is a national clearinghouse funded by HEW for improving and managing human services.

8. Neil Gilbert, "The Transformation of Social Services," Social Service Review, Vol. 51, No. 4 (December 1977), pp. 624-641.

9. Only 40 percent of the field social workers were qualified, 12 percent of the residential workers, 75 percent of the probation officers Department of Health and Social Security, Manpower and Training in the Personal Social Services 1976, p. 39.

10. CCETSW is an independent body with statutory authority to promote education and training in all fields of social work and to award qualifications. It is roughly similar to The Council for Social Work Education.

11. Central Training Council in Child Care, The Council for Training in Social Work and the Advisory Council for Probation and Aftercare.

12. However, DHSS (roughly similar to HEW) also announced that there would be no increase in current local authority spending. Local authorities pick up an enormous part of the educational expenses. Inflation has already forced service cutbacks. LASS may well have to choose between providing service or providing professional training; quantity vs. quality.

13. Training officers in the voluntary agencies were in a similar position. For example, the author, as the Principal Training Officer with the Church of England Children's Society did training sessions with the directors of building and finance, fund raisers, consulting psychotherapists and care assistants as well as those in adoption and residential care.

14. Scotland had already formed a national organization of training officers by 1972. Most social workers in Ireland are employed under the Regional Health Board as a result are often regarded as "para-medicals." Ireland has only recently established a training body similar to CCETSW.

15. The National Institute of Social Work was established in 1961 as an independent, non-profit organization. Its prime function is to raise standards of social work by providing facilities for innovation through education, research, consultation, library and information services and special projects with other professional bodies.

16. The British Association of Social Workers is similar to the National Association of Social Workers, and requires professional social work credentials for membership.

17. The Personal Social Services Council was set up in 1973 on the recommendation of the Seebohm Report as an independent, non-statutory body to advise the Secretary of State on policy issues and to promote the development of the personal social services in both the statutory and voluntary sectors. Members are drawn from public

bodies, local authorities, the professions and other institutions. Consumer representation, as recommended by Seebohm, is missing.

18. A recent amendment to the constitution for moving away from groups and toward individual membership as the foundation for the association may be considered on the grounds that it will be more supportive of T.O.'s and would increase NATOPSS' credibility as a representative and informed body.

19. The Certificate of Qualification in Social Work is roughly equivalent to the MSW program in length of training and professional status.

20. Gilbert, op. cit., p. 639.

The Utilization of Communications Satellites to Deliver Training to Human Services Personnel

by Richard L. Edwards, Lea Perritt and Michael D. Bremseth

It is too often true that those who most need the benefits of technology are the last to receive them. This has been the case with educational technology, especially as it has been applied to the problems involved in delivering continuing education to social workers in rural areas.

In the last decade, there has been an increase in the availability of social services in rural areas, largely due to the increase in funding available to the various states and local governmental units through federal legislation.[1] Most notable among these federal legislative thrusts are the Community Mental Health Centers Act and Titles IV-A and XX of the Social Security Act.

With the expanding delivery of social services in rural areas, there has been a concomitant increase in the number of social workers delivering these services and a heightened awareness of the need to find new methods to reach these social workers with continuing education programs. Social work practitioners in rural areas have at

least as much need as workers in urban settings to keep abreast of developments in the field and to benefit from the kind of personal and professional rejuvenation that can result from participation in continuing education experiences. Rural practitioners, however face certain problems that do not often confront their urban counterparts.

Problems Particular to Rural Practice

Social work practitioners in rural areas tend to be charged with the responsibility for delivering services over large geographic regions with low population densities. These practitioners are often located in remote areas, far from a central place with the number of colleagues necessary to permit interaction on a professional level. Further, the rural practitioner must often be a generalist, because rural areas do not have enough clients to support a high degree of specialization.

> Since there is seldom the opportunity to be a member of an agency team, rural practitioners must develop a capacity for autonomous practice. Because many live and work in small, isolated communities, they often suffer from loneliness and a lack of professional stimulation. Supervision and consultation are often unavailable.[2]

Relatively few rural social workers are employed in the private or voluntary sector and most of these work for very small agencies. Thus, most social workers in rural areas are employed by public agencies. While public agencies in rural areas have benefited from the use of Title IV-A and Title XX funds for staff development, it has become increasingly difficult for public employees to get financial support from their agencies to attend outside workshops and conferences and, in many instances, even to obtain release time for con-

ference attendance. Those working for private agencies are confronted with similar difficulties. Travel funds for attendance at continuing education activities are particularly scarce.

Planning for continuing education activities that will meet the needs of rural practitioners must involve consideration of the realities of social work practice in a rural setting. Rural practitioners are relatively "few and far between;" they represent a generalist orientation and must consider the distance and time required for travel to conferences and workshops. On the other hand, urban social workers benefit from access to extensive libraries and frequent professional development activities sponsored by a variety of public and private agencies, professional associations, educational institutions and the like. The urban social worker is close to an ongoing reservoir of professional knowledge that is accessible, lying dormant and ready to be tapped. For the rural social worker, this is not the case.

"Burn-out"

Yet, despite the difficulties rural social work practitioners experience in acquiring continuing education, the needs of these individuals must be given high priority. Because of professional isolation, the need for a generalist orientation and the lack of opportunities for interaction with a social/professional support system, social work practice in rural areas can often lead to the phenomenon known as "burn-out."[3] Continuing education has certain manifest functions, such as providing participants with information, and the opportunity to develop skills, etc. Of equal importance for rural

practitioners may be some of the latent functions of continuing education, especially the opportunity for interaction, professional support and intellectual stimulation. Maslach, in commenting on the burn-out phenomenon, has stated the following:

> The availability of formal or informal programs in which professionals can get together to discuss problems, and get advice and support, is another way of helping them cope with job stress more successfully. Such a support system provides opportunities for analysis of both the problems they face and their personal feelings about them. "Burn-out" rates seem to be lower for those professionals who have access to such systems...[4]

The problems attendant to delivery of continuing education to rural practitioners have been given more attention in recent years. Horejsi and Deaton have described some innovative approaches being used in Montana, and Bast has described the statewide continuing education delivery system currently being utilized in Wisconsin.[5] While these approaches are significant, they do not exhaust the possibilities for improving continuing education delivery in rural areas.

AESP/OCSWE-UTSSW Joint Project

A recent joint effort between the Appalachian Education Satellite Project (AESP) and the Office of Continuing Social Work Education, the University of Tennessee School of Social Work (OCSWE-UTSSW) represents another approach to continuing education delivery in rural areas. This effort utilized two National Aeronautics and Space Administration (NASA) experimental communications satellites to broadcast programming to social workers and other human service personnel in rural mountain communities throughout Appalachia. The project was undertaken in an effort to provide Appalachian social

workers with an opportunity to benefit from a continuing education program relevant to their needs and interests. The utilization of the AESP receive-site network enabled these rural practitioners to participate in locations close to their places of employment, with a minimum of expense and loss of job time.

The Appalachian Education Satellite Project was originally developed under the sponsorship of the National Institute of Education to experiment with the use of satellite systems to disseminate knowledge to diverse, isolated populations. An initial goal of the AESP was to provide in-service training to teachers throughout Appalachia.

In Appalachia, as in many other rural areas, instructional television has been utilized only to a limited degree. In some of the mountainous and sparsely populated areas of Appalachia, conventional instructional television has been impossible because small isolated communities generally cannot afford the high cost of conventional landline television routes.

The development of sophisticated communications satellites presented a viable alternative to the problems of conventional television as a means of distributing continuing education to persons in rural areas. The Appalachian Education Satellite Project was one component of the Health/Education Telecommunications (HET) experiment initiated by the U.S. Department of Health, Education and Welfare and the National Aeronautics and Space Administration in 1971 to explore the feasibility of utilizing satellites to deliver health and educational services to underdeveloped, remote areas of the United States. "The three education projects within HET were referred to as the Education Satellite Communications Demonstration

(ESCD). Sponsored by the National Institute of Education, these experiments constituted the largest application of space technology to education ever attempted."[6]

The Appalachian Regional Commission, created by Congress in 1965 when Appalachia was declared to be a region requiring major economic and educational development, serves as the manager and fiscal agent for AESP. The commission has had a goal of promoting the overall economic development of Appalachia and a related goal of promoting the development of a structure for the continued growth of the area. Extending highways and telecommunications to remote, isolated areas of Appalachia was a necessary step in improving communications.

Satellite Technology

A major technological breakthrough in telecommunications occurred in May of 1974, when NASW launched the sixth in its series of Application Technology Satellites (ATS). This satellite, which followed a geosynchronous orbit, was named ATS-6 and it was the most versatile, complex and powerful communications satellite ever launched by NASA.[7]

> Over 3,000 pounds, 26 feet tall and featuring a 30-foot-diameter parabolic antenna, this spacecraft was revolutionary in the sense that is reversed the role of the satellite and earth station. Unlike previous satellite system designs, the complexity and power was not built into the ATS-6 satellite, minimizing the requirements and thus the cost of the ground station. In actual figures, this meant a reduction in cost of receiving stations from several million dollars to as little as $8,000.
>
> Satellite-delivered education via ATS-6 afforded possibilities for programming that were radically different from conventional educational TV, as most of us know it. To illustrate this satellite's capabilities, through its Earth

> Viewing Module (EVM), ATS-6 could "see" the whole of North America at one time. When broadcasting, the satellite could radiate high-powered spot beams, or "footprints," each approximately 300 miles long and 100 miles wide. Two of these overlapping beams could cover essentially all of an area the size of Appalachia and radiate excellent audio-visual transmissions to the region.[8]

When ATS-6 was utilized in combination with an earlier NASA communications satellite, ATS-3, it was possible to produce continuing education programming that enabled participants at remote reception sites to have live audio interactions. ATS-6 was capable of providing one-way audio and video transmissions, while ATS-3 was capable of providing two-way audio communication. This combination greatly enhanced the possibilities for developing question-and-answer type activity and increased the value of the satellite system as a mechanism for providing rural residents with genuine learning experiences.[9]

In the first years of its operation, the AESP successfully demonstrated that utilization of communications satellites presented a viable, cost-effective means of delivering continuing education throughout the Appalachian region. Furthermore, the AESP had developed the basic structure required for delivery of these educational services. Forty-five receiving sites were established in the 13 states comprising the Appalachian region.[10]

After initially being concerned with delivery of continuing education to teachers, the AESP conducted a needs assessment in 1975-76 which resulted in establishing priorities for service delivery in a number of areas, including human services and health.

The primary format for the delivery of continuing education by satellite was the broadcast of graduate level courses for teachers, or

the broadcast of occasional workshops. These courses and workshops either originated at various universities in the Appalachian area or were developed specifically for the regional satellite telecommunication system. The AESP, through its local community advisory committees, expressed interest in broadening its programming to include the provision of continuing education opportunities to professional groups currently not being served. Additionally, the AESP became interested in exploring ways to enable Appalachian residents to participate in continuing education activities originating outside the region.

Staff of the Office of Continuing Social Work Education, UTSSW were also concerned with finding ways to better serve social workers in rural areas.

Experimental Broadcast

Thus, because both the AESP and OCSWE-UTSSW had placed a high priority on serving social workers in rural areas, the possibility of a joint project was appealing to both organizations. Consequently, plans were made for a joint venture that centered on the Third National Institute on Social Work in Rural Areas that was held in Morgantown, West Virginia in August 1978. The AESP utilized its local community advisory committee structure to select for broadcast one workshop presented at the Morgantown conference. The workshop selected for the broadcast dealt with the establishment of rape crisis services in rural areas.[11]

In the past few years there has been a growing alarm about the increased incidence of rape. In an effort to help rape victims, many

urban areas have established "rape crisis centers." In rural areas, however, the lower incidence of rape and the lack of funds, make the creation of such centers impractical. As a result, rural rape victims are all too often neglected.

The purpose of the broadcast workshop was to describe an exemplary model for delivering rape crisis services to rural victims. The model, which was developed and implemented in rural Mississippi, is a community-based approach which draws upon staff and resources from existing agencies as well as utilizing outreach workers and paraprofessionals to serve as liaisons between the rural population and the center's professional staff. The program was transmitted to satellite uplink stations in Rosman, North Carolina, and Lexington, Kentucky, for transmission to the ATS-6 system, and then to the AESP reception sites throughout Appalachia. From the various reception sites, participants transmitted questions via telephone and teletype to the AESP Resource Coordinating Center located at the University of Kentucky.

Format of the Workshop

The broadcast workshop included a videotaped segment, panel discussion, a live interactive question and answer session, and distribution of related printed materials. The program began with filmed highlights of a presentation made at the Third National Institute on Social Work in Rural Areas which had been held in Morgantown, West Virginia, several weeks earlier. Following this presentation, panelists in the studio discussed in more detail the issues related to providing rape crisis services in rural areas, including how those services differ from those provided in an urban

area, how existing agencies can be utilized to meet the needs of rural rape victims and how existing services can be used to gain community acceptance and support.

Following this discussion, participants were given an opportunity to direct questions and comments to the panel members who were located in the University of Kentucky Television Studios. The system's capacity to permit questioning of panelists by participants at the remote reception sites represents one of the significant advantages of the satellite technology over either normal videotaped presentations or educational television programming.

Each participant also received a packet of printed materials designed to supplement the televised program. The materials included several relevant articles.

Characteristics of Participants

A total of 102 persons at 15 different AESP reception sites in nine states participated in the broadcast workshop. The majority of these participants were white females employed in rural areas and approximately half were under 30 years of age. Approximately half of the participants were employed as social workers, while the remainder were employed in counseling, nursing, psychology and teaching.

Evaluation of the Workshop

Participants responded to several items designed to assess their overall reaction to the workshop. A five point scale was used, one equaled "strongly agree," two equaled "moderately agree," three equaled "neutral," four equaled "moderately disagree," five equaled

"strongly disagree." Participants rated the physical facilities of their meeting room, the length of the workshop and the relevance of the topic to their jobs. The majority agreed that the physical facilities of the room were conducive for a good learning environment (64 percent), the length of the workshop was conducive to a good learning experience (71 percent) and the subject of the program was relevant to their job activities (75 percent). They also rated the workshop in terms of whether their expectations were met. Thirty-three percent of the participants felt that the workshop was just what they expected and 14 percent felt it was even better than they had expected. Seventeen percent were unsure of their expectations and 36 percent felt that the workshop did not meet their expectations. No participant, however, rated the overall value of the workshop as below average. The average overall rating was 2.17 which is "good".

Participants were also asked to comment on the most and least impressive aspects of the program. They thought the most impressive part of the program was the interactive session. Reaction was mixed regarding the panel presentation. Those who reacted negatively to the presentations indicated they had wanted more information on actual counseling skills rather than how to start a rape crisis center. Those who reacted positively to the presentations commented on the practical, concrete information they received. Several participants suggested that while this program had provided a good introduction to the topic, there was a need for a follow-up program to provide more indepth information.

The majority of the participants agreed that the question/answer portion of the program was a critical part of their learning experience (88 percent), the time allowed for the interactive portion of the program was adequate (74 percent), the questions asked were pertinent (83 percent), the quality of the questions was excellent (76 percent) and ample opportunity was provided to ask questions (68 percent).

Participants also responded to several statements concerning their reactions to the answers given by the panelists. The majority agreed that the answers to the questions provided clear and direct information (68 percent), the answers provided sufficient use of specific examples (73 percent) and the answers were not repetitious (61 percent) or too theoretical (65 percent). The majority (78 percent) agreed that they were generally satisfied with the quality of the answers to the questions.

Conclusions

The utilization of space-age technology in delivering continuing education is one way to overcome, at least in part, some of the obstacles to the delivery of continuing education to rural social work practitioners. The use of the satellite system makes it possible to provide continuing education to relatively large numbers of persons located in a wide variety of remote settings from one central location. Thus, rural practitioners do not have to travel as far and spend as much time in order to participate in a continuing education activity. Further, these practitioners can benefit from an opportunity to ask questions of and get immediate answers from the workshop presenters.

While the experiment described in this paper represents one type of delivery format, there is a myriad of other possibilities, including credit and non-credit courses, workshops or seminars extending over several weeks, etc., which can be adapted for use with the satellite broadcast system. For college and university social work educators, the potential utility of the AESP network and technology is great.

FOOTNOTES

1. Leon Ginsberg, "Rural Social Work," Encyclopedia of Social Work, ed. John B. Turner (17th issue; [Washington, D.C.]: National Association of Social Workers, 1977), p. 1229.

2. Charles R. Horejsi and Robert L. Deacon, "The Cracker-Barrel Classroom: Rural Programming for Continuing Education," Journal of Education for Social Work, 13 (Fall 1977), p. 38.

3. The high rate of "burn-out" among rural social workers has been reported by Horejsi and Deaton, ibid. For a more complete discussion of "burn-out" among health and welfare professionals, see Christina Maslach, "Burn-Out: The Loss of Human Caring," Psychology and Life, ed. P.G. Zimbardo (9th ed.; Glenview, Ill.: Scott, Foresman Company, 1977).

4. Maslach, op. cit.

5. Horejsi and Deaton, op. cit. David Bast, "Continuing Education for Rural Social Workers-Wisconsin Style," Social Work in Rural Areas, ed. Ronald K. Green and Stephen A. Webster (Knoxville, Tn.: The University of Tennessee School of Social Work, 1977), pp. 213-219.

6. William J. Bramble, Catherine E. Hensley and Dennis Goldstein, "A Follow-Up Report on the Appalachian Education Satellite Project," Journal of Educational Technology Systems, Vol. 5, No. 2 (1966-77), p. 83.

7. Ibid., p. 82.

8. Ibid.

9. Ibid., p. 86.

10. The 13 states served by the Appalachian Education Satellite Project include: Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia and West Virginia.

11. For more information see Judith Davenport and Joseph Davenport, III, "The Rural Rape Crisis Center: A Model," Human Services in the Rural Environment, Vol. 4, No. 1 (1979); Davenport and Davenport, "Training Volunteers for Rural Rape Crisis Services," Training in the Human Services, eds. Thomas D. Morton and Ronald K. Green. (Knoxville, Tn.: The University of Tennessee Press, in press); Davenport and Davenport, "A Model for Rape Crisis Services in Rural Communities," Human Services in the Rural Environment, Vol. 2, (1977).

Human Relations - Communications Skills for Training Social Workers - A Team Approach to Curriculum Module Development and Implementation

by Thomas E. Woodall

Introduction

A 1977-78 in-service training project for social workers in the Georgia Department of Human Resources, Division of Family and Children Services (DFCS) had a number of distinctive features.

One was the program development and implementation process which involved the identification, recruitment and training of an interdisciplinary team of helping professionals from Social Work, Counseling, Adult Education and Psychology, who went through a team building process resulting in the creation of a cohesive, unified group committed to a common task. This group then developed the training program's core curriculum and training design, and during the course of the project year shared in conducting the training throughout Georgia, sometimes individually, sometimes working as a team. The training was conducted on a regional basis, for 443 DFCS social workers in 21 separate, six-day workshops.

The second distinctive feature of the training project was the comprehensive split design of the curriculum. One area of focus was the basic information and cognitively oriented material from social work and the behavioral sciences. The data was organized for understanding of the topics Human Nature and Development, Basic Human Needs and Understanding Mental Health Problems. The other basic area of focus in the curriculum emphasized the Experiential Dimensions of the Facilitative Communication and Helping Process, and personal self awareness in terms of how individual social workers integrated their own value systems and behavioral styles into their roles as helping professionals.

Another distinctive feature was the modular structure of the training curriculum, with each basic workshop topic organized into a self-contained module of written material with trainer handbook, participant handouts and full instructions for implementing that particular training component. While each module was structured around specific learning goals and objectives, a variety of alternative experiential learning strategies were incorporated, including trainer options allowing for maximum flexibility to respond spontaneously to emergent trainee needs.

This paper will provide an overview of the project background, and a detailed discussion of each of the project's distinctive features as outlined above.

Background of the Project

The Georgia Department of Human Resources, Division of Family and Children Services (DFCS) provides a broad range of services to

individuals throughout the state including such programs as food stamps, basic financial assistance, intervention in child abuse situations and protective services to the elderly. DFCS social workers must often attempt to aid individuals and families suffering from a broad spectrum of personal, social and economic problems and dysfunctional behaviors. To do this effectively requires a foundation of basic knowledge and skills derived from social work and behavioral science research and practice. Based on a needs assessment process involving personnel at all levels within the Georgia DFCS agency, officials requested that the University of Georgia's Center for Continuing Education, in cooperation with the University of Georgia School of Social Work, develop and implement a basic In-Service Training Curriculum that would be presented throughout the state at regional locations accessible to every local DFCS office. Thus, first-line agency caseworkers, many of whom held bachelor's or master's degrees in fields unrelated to their job responsibilities, could enhance their competencies for meeting the needs of their clientele.

The Building of an Interdisciplinary Curriculum Development and Training Team

This feature of the training project provided the information upon which all subsequent project successes rested. Without it these successes would have been impossible or at least severely limited in the range of their accomplishments.

Research in the helping professions, adult education and the behavioral sciences has shown that for one's collaborative process to reach its maximum potential, a facilitative base must be laid in which

those to be mutually involved in that process can establish a sense of trust, reciprocal supportiveness and psychological safety (Rogers, 1969; Knowles, 1970; Egan, 1975; Truax and Carkhuff, 1967; Kinlaw, 1975). Thus, the team building and curriculum development phase of the project had a dual focus (see Figure 1) which utilized and built upon: (1) the social work and behavioral science technical expertise and knowledge of the interdisciplinary cadre; and (2) a process or human relations aspect which moved the training team through a number of team building stages focusing on getting acquainted, becoming more aware of member similarities and differences, and being able to accept and utilize these similarities and differences in constructive ways. This process accelerated the development of a climate of trust and openness, the facilitation of mutually compatible and workable personal helping and collaboration styles and finally, joint effort on a common task, curriculum building and sharing of curriculum component designs and implementation strategies (see Figure 2). The team building process was accomplished as the cadre instructed one another how to implement the various components of the curriculum. This was done experientially with team members themselves experiencing first-hand what DFCS trainees would experience when training was carried out in the field. Throughout the year the training cadre met periodically to evaluate and assess the training process, to discuss successes and problems, share ideas for needed modification and to provide psychic support and mutual, positive reinforcement.

Compréhensive Split Design of Project Curriculum

Many other worthwhile and effective training efforts in the human services often fall short of realizing full potential because of inadequate attention to the human process aspect of preparing helpers to meet client needs. Although technical and informational components may be highly functional and relevant, trainees may not acquire the human helping attitudes, values, feelings and behavioral skills necessary to maximize their ability to establish contact with clients and to enhance client capacities for a fuller use of their resources in problem solving.

Research in the helping process has shown that serious examination of one's problems and the formulation and implementation of problem solving efforts can occur most effectively in a psychologically safe environment created by a helper who uses certain human helping behaviors to create a trusting relationship with a client or helpee (Rogers, 1961 and 1969; Perlman, 1957; Baldwin, Kalhorn and Breese, 1945; Betz and Whitehorn, 1954 and 1956; Harlow, 1953; Knowles, 1969; Hallenbeck, 1964; Carkhuff, 1967; Kinlaw, 1975; Egan, 1975; Gazda, Asbury, Balzer, Childers and Walters, 1977). Such a relationship enables the client to undertake meaningful self-examination to develop change or growth strategies and to try these strategies out while relying upon the continual support and concern of the helper in the context of their relationship. The cognitive or intellectual component of the helper's training enables him to bring professional social work knowledge, data and technical expertise to the intrapersonal and interpersonal dynamics of the client's situation while facilitating client learning from these factors by the strength

of their relationship.

Following is a description of the curriculum used in training caseworkers, broken down into the split design of the components (i.e., Social Work and Behavioral Science Knowledge and Information and Experiental Dimensions of the Facilitative Communication and Helping Process) (see Figure 3).

Social Work and Behavioral Science Knowledge, Information and Data

Module I Understanding Human Nature and Development

This workshop focuses on considering some of the contemporary models of human nature with an emphasis on aspects of the models useful for those seeking to help the poor.

The second focus of the workshop is the physical and emotional development of human beings with special emphasis on the wholistic development of the person. Attention is given to the developmental tasks, potential and possible problems, and helper interventions at each of 15 stages in human development, from birth to old age.

Module II Basic Human Needs

This module develops a functional basis for understanding human needs and behavior. It distinguishes basic and neurotic needs, utilizing self-ratings and small group practice. A practical approach to recognizing and handling client needs is presented in a need/stress intervention model.

The module also focuses on the emotional defense mechanisms people use, with practice in identifying the irrational self-talk which underlies them. Next, growth and defensive response patterns

to goal blocks are described. Finally, participants have an opportunity to practice assertive (rational) behaviors tailored to specific professional work settings and situations.

Module III Understanding Mental Health Problems

Workshop participants are helped to understand, recognize and know how to appropriately manage abnormal behavior, including reactions commonly referred to as neurotic and psychotic. Concepts studied include abnormality (in the broad context of normalcy); psychosis (including illusions, hallucinations and delusions); and neurosis (including clinical depression). Specific examples of hostile behavior are covered. Case studies of clients from the population most frequently served by the Department of Family and Children Services comprise a large part of the workshop materials.

Experiential Dimensions of the Facilitative Communication and Helping Process

Module IV Faciliative Communication Skills

This workshop module focuses on understanding human helping communications and developing communication skills in helping. Conceptual material is given on the theoretical basis of helping communication and on communication skills in interviewing. Experiential learning is designed to integrate the conceptual base with skill development.

Module V Helping Skills In Problem Solving

Using a combination of theory, structured exercises, role playing and simulations, this workshop focuses on the development of

helping skills for Social Service workers that will facilitate effective conflict resolution and problem solving. Theoretical models of helping are used as the framework in which workshop participants can practice and refine the facilitative and action oriented dimensions of the helping process. The process is applied to conflict and problem situations identified by workshop participants themselves. Individuals gain an understanding of their helping styles, and have an opportunity to modify and strengthen their personal approaches based on constructive feedback.

Module VI Values Clarification

Values are deeply imbedded in social work's historic roots and remain inextricably bound up in the social work practitioner's daily activities. This module is designed to sensitize trainees to both their own values and to relate these values to the profession's ethical standards. The sensitization process will include a blending of theoretical content and practice application. The objective is for trainees to integrate the material from the unit into their practice by: (1) identifying and controlling sources for bias; and (2) using basic ethical standards as guidelines in the problem solving process.

Modular Structure of Training Curriculum

The project curriculum content is incorporated into six basic, self-contained training modules. The modules include trainer handbooks with conceptual material and instructions for all workshop activities and participant handouts, containing all information needed for trainees to participate in experiential activities and to follow up

with more in-depth reading and study through case studies, articles and a bibliography.

The curriculum modules are each divided into a series of sub-modules or learning units, each focusing on a key concept of the module's subject. The Learning Units have four sections: (1) Concepts; (2) Objectives; (3) Experiential Learning Activities; and (4) Processing. The function of each of these sections is as follows:

(1) Concept - This section of the learning unit provides the group facilitator with all conceptual material needed to present the necessary intellectual and cognitive material and to lay a foundation for the experiential exercise or exercises that follow. The amount of conceptual material included in these sections varies from unit to unit depending upon the topic, but provides, in most cases, material sufficient for the facilitator to deliver a brief lecture of from 5 to 15 minutes.

(2) Objectives - This learning unit section sets forth the specific learning objectives for the particular unit being conducted. The facilitator is thus able to share with learners an overview of anticipated learning outcomes providing a framework and structure which can provide a solid foundation for trainer-learner collaboration through objectives which are explicit and to which both are committed. The objectives section is so structured that the facilitator may elicit additional "here and now" relevant learner objectives which can be integrated into workshop activities if the topic, trainer preparedness and time constraints permit.

(3) Experiential Learning Activities - This section provides step by step directions for the facilitator in leading participants

through experiential activities that are designed to translate theoretical concepts and cognitive material to a level of reality that makes sense to trainees in terms of their everyday "back home" world as caseworkers.

(4) Processing - This section of the module provides guidelines for the trainer to use in helping participants to make maximum sense out of the conceptual material and the experiences they have been through. It asks participants to engage in some introspection focusing on four areas: (1) As a result of participating in this unit, I now feel...; (2) From this experience I learned...; (3) I could apply my learning and experience from this unit in my work by...; (4) I could apply my learning and experience form this unit in other areas of my life by...

The facilitator then leads a discussion on the impact of the learning unit concepts and experiences upon participants using the framework of the processing section as a basis for initiating the process.

Example of Implementation of Workshop Module Theoretical and Experiential Components

To illustrate how project trainers welded theory and experiential design components together in the implementation of project curriculum, an example will be given using the module entitled The Helping Skills In Problem Solving.

The theoretical basis for this module is the Helping Process Model shown in Figure 4 and the Helping Skills defined in Figure 5. The workshop facilitator would typically give a lecture on the overall model, its stages and the key skills of each stage. He would then

lead participants through a series of experiential exercises, with periodic theory inputs and processing to relate activities and data generated to "back home" issues, concerns and situations. Participants would be provided with an opportunity to move through the three-stage process shown in Figure 4, practicing the use of helping skills in small groups with issues or problems being actual situations identified by participants themselves. Thus, not only would the participants' helping skill level be enhanced, but they would also be able to give and receive help related to substantive content areas in their ongoing job responsibilities. The facilitator aids in tying together all experiences through process interventions and theory inputs.

This final activity of The Helping Skills Module focuses on the person as a helper with unique professional and personal characteristics that are conducive to effective helping. It seeks to integrate skills of the Helping Process Model into each participant's sense of self as a person involved in helping.

Another rationale for this exercise is that in the routine of everyday activities we often do not take the time to give ourselves credit for those things that are really worthwhile and powerful about ourselves as helping persons. We also don't take the time to let others know what we really appreciate about them, thus we fail to capitalize on the enormous power for validating and enhancing self and others and raising self-esteem of those we are closely involved with whether they are clients, colleagues (or in our personal lives, family, friends, community associates, church members, etc.) Thus,

this exercise is based on the assumption that if an individual becomes more aware of these strengths and makes them more explicit, he or she should be able to use them more effectively.

Participants are given the Handout (Figure 6), An Experience In Identifying Individual Strengths and Successes for Helping, Sharing and Positive Feedback, and asked to identify and list their personal helping strengths and the reasons why they think these are important for them. Each person is then given an opportunity to share their strengths with the group and to receive positive feedback from group members. The feedback could focus on either:

1. The content of the message concerning individual strengths.
2. The impact the person's sharing has on group members (i.e., his or her enthusiasm, warmth and sincerity, etc.)

The facilitator then leads a discussion of the implications of the exercise, focusing primarily on the enormous power each of us has to influence the lives of others, to enhance the self-esteem of others, and on how important it is to use one's power as an agent for helping people achieve growth and change.

Evaluation

Individual subjective evaluations were completed by each participant in every training session, rating the workshops and facilitators in terms of the following questions:

(1) Was the format of each workshop appropriate in facilitating the goals of the workshop?

(2) Did the workshop session enhance the worker's competencies in the area focused on?

(3) Was the facilitator's overall workshop presentation well done?

(4) Was the workshop experience worth the time and expense involved?

Highly positive reactions resulted from assessment of individual trainee responses to these evaluation items, with up to 95 percent of respondents indicating in many instances they felt workshops had resulted in increased conceptual and skill development. Another part of the evaluation process was meetings between staff and an evaluation committee representing training group members. These meetings followed the final day of training at each site, and once again this verbal give-and-take resulted in strong, positive reactions to the training. The project is now in its second year and is operating on an expanded basis reaching an even larger number of DFCS caseworkers throughout Georgia.

Summary

This paper has described a training effort that utilized an interdisciplinary team from the helping professions and the behavioral sciences to collaboratively develop and implement a basic course in understanding persons with problems and in offering constructive help to such an individual or group of individuals. The evaluation process indicates that such an approach, drawing upon resources from diverse fields, focusing upon both a knowledge base and the human processes of communication and helping, and developing and

utilizing self-contained instructional modules, can facilitate the effective delivery of professional and personal growth opportunities to a wide range of helping professionals over a broad geographic region.

FIGURE 1: A DUAL APPROACH TO THE BUILDING OF AN INTERDISCIPLINARY CURRICULUM DEVELOPMENT AND TRAINING CADRE

Team Member Competencies	Area of Focus	Outcomes
Data Technical Expertise Professional Knowledge, Cogr itive Resources	Knowledge of: -Human Nature & Development -Basic Human Needs -Problems of the Poor & Disadvantaged -The Culture of the Poor -Dysfunctional Personal Behavior & Crisis Intervention Concepts -Strategies for Effective Communication and Helping	-Utilization of data, technical expertise, professional knowledge and cognitive resources in developing content of project curriculum. -Development of trainer handbooks and trainee handouts in each curriculum component.
Values Attitudes Feelings Personal Strengths and Unique Human Qualities	-Personal values, attitudes, feelings, behavioral styles conducive to mutual support and collaboration -Ability to foster constructive use of unique human qualities in a common effort. -Development of mutually compatible helping styles.	-Expanded awareness of team members of their unique personal and human qualities useful for effective collaboration. -Utilization of personal values, attitudes, strengths and collaborative skills in training project implementation. -Continuing psychic support, mutual reinforcement and joint problem solving.

FIGURE 2

MODEL OF GROUP OR TEAM DEVELOPMENT - FOUR STEPS IN THE PROCESS OF DEVELOPING A COLLABORATIVE HELPING GROUP

1. Getting Acquainted	2. Trust Building	3. Helping - Problem Solving	4. Teamwork-cohensiveness-Group Collaboration
-How are members alike? -How are they different? -Values, feelings attitudes, personal qualities. -Accepting and/or dealing with these constructively.	-Development of reciprocal feedback and openness. -Building effective two way communication systems and processes.	-Developing mutually workable helping styles applicable to individual and group and development and task implementation.	-Group Cohesion. -Recognition of unique resources of each person. -Sharing of diverse skills and member contributions in total group effort oriented toward shared task or mission (i.e., development of self contained instructional modules for DFCS curriculum, implementation of training project and continuation of mutual support and feedback groups for team members).

137

FIGURE 3 - SPLIT DESIGN OF SOCIAL WORKER TRAINING PROJECT CURRICULUM

Design Focus	Curriculum Module Components	Development of Worker Competencies
Social Work and Behavioral Science Information, Data, and Professional Knowledge	Human Nature and Development Basic Human Needs Understanding Mental Health Problems of Clients	Knowledge of process of human development; of theories of human nature, and their relevance to the situations and behavior of clients. An understanding of basic human needs and their significance to the problems of clients. An awareness of mental health problems of the poor and the disadvantaged.
Experiental Dimensions of the Facilitative Communication and Helping Process	Facilitative Communication Skills Behavioral Helping Skills Values Clarification	Ability to reduce psychological distance between worker and client. Ability to develop a relationship of trust and openness between worker and client. Ability to help client clarify problems, discuss individual needs, analyze alternative solutions or problem solving approaches. Ability to aid client in developing and implementing change or problem solutions. Ability to clarify workers personal values and unique helping strengths as a person and to integrate these into his or her role as a professional helper.

FIGURE 4

STAGES OF THE HELPING PROCESS WITH THE KEY SKILLS OF EACH STAGE

(arrow indicates that all skills, once initiated, continue throughout the process)
Adapted from Carkhuff, Egan and Gazda and Wheeler.

Stages and Objectives of each stage	Worker Skills
1. Building Cohesion and Trust To diminish the distance between worker and client. To create a climate of psychological safety. To discover client's perception of problem.	Attention-(physical and psychological) Primary Empathy Concreteness Respect Genuineness
2. Making Sense of It All To aid client in developing a more objective view of the problem. To stimulate client to think of alternative ways of understanding the situation.	Advanced Empathy Self Disclosure Confrontation Immediacy
3. Movement - Action To aid client in developing plans of action and behavioral strategies. To provide problem solving techniques. To provide support, encouragement and follow-up contact.	Encouragement Supporting Providing Problem Solving Techniques Suggesting Behavioral Strategies Follow Up

FIGURE 5

BRIEF HELPING SKILL DEFINITIONS

(Adapted from Carkhuff, Egan and Gazda)

1. Physical Attending - letting the client know, by means of posture, eye contact, expressions, and gestures, that you are "with him/her" and completely "available" to him/her.

2. Psychological Attending - the use of one's eyes and ears to perceive the verbal and non-verbal, and paralinguistic elements of client's message.

3. Primary Empathy - communicating to the client that worker perceives and understands the problem from the client's point of view, both intellectually and emotionally.

4. Respect - communicating that the client is worthwhile as a person.

5. Concreteness - worker uses effective communication skills to aid the client in stating the problem clearly, rooting it in specific conditions rather than vague abstractions.

6. Genuineness - worker acts as a person, not a special role, avoids patronizing, phony or condescending responses, avoids professional or agency jargon.

7. Advanced Empathy - worker encourages the client to pick up something the client has not explicitly expressed but only implied, attempting to aid the client to move out of the purely subjective frame of reference in which he/she may be stuck, to take a more objective view of the situation, or problem, perhaps seeing it from alternative frames of reference that give promise of some viable solution or action.

8. Self-Disclosure - the sharing by the worker of events in his/her own life in order to encourage client exploration.

9. Immediacy - the worker encourages and supports discussion with the client in an open, direct "here and now" way, what is happening between them in the helping relationship.

10. Confrontation - constructively and supportively, the worker encourages the client to take note of some aspect of personal behavior that is blocking him/her from using resources most effectively in solving the problems.

11. Encouraging - Supporting - during the action phase of the helping process, the worker needs to let the client know he/she is "with" him/her all the way, providing a haven to share successes and failures, to receive constructive critiques of efforts to move forward, providing caring and providing positive feedback.

12. Providing Problem Solving Techniques and Behavioral Strategies - the worker suggests alternative techniques and strategies if the client becomes "stuck" or overly frustrated when the going gets particularly rough in the Action and Movement Phase.

13. Follow Up - even after the client has worked through to a successful solution of this problem, the worker may need to remain open to periodic supportive follow up to help client stabilize new effective behaviors.

FIGURE 6

AN EXPERIENCE IN IDENTIFYING INDIVIDUAL STRENGTHS AND SUCCESSES FOR HELPING, SHARING AND POSITIVE FEEDBACK

Each of us has certain strengths and/or success experiences that we can build on to help others in the various systems in which we are involved (i.e., on our jobs, in the community, church, family, civic group, professional organization, etc.) These strengths and/or successes are either personal values, attitudes, feedings, behavioral orientations, commitment to caring and helping, strength to stand by those who need us, etc., or they are actions that we have or are now carrying out in our relations with others (specific interactions in the groups, organizations, etc., that are important to us). If we can become more explicit with ourselves as to what these strengths and/or successes are, we can make them more effective.

Participants will have three experiences in this exercise: identifying and sharing with others one's helping strengths and successes, receiving positive feedback about the impact of these on others, and giving positive feedback to others.

HELPING STRENGTHS AND/OR SUCCESSES	
Strengths and/or Successes	Why You Value These
General helping strengths and skills, successes: (List 1, 2, 3)	
Helping strength exhibited or success experienced in past weeks	
Anticipated use of helping strengths or success experience	
Helping to me is:	

BIBLIOGRAPHY

Ammons, Paul. Values Clarification for Social Service Workers. Athens, Ga.: The University of Georgia Center for Continuing Education, The University of Georgia, 1977.

Baldwin, A.C., J. Kalhorn and F.H. Breese. "Patterns of Parent Behavior." Psychological Monographs, Vol. 58, No. 268 (1945).

Betz, B.J. and J.C. Whitehorn. "The Relationship of the Therapist to the Outcome of Therapy in Schizophrenia." Psychiatric Research Reports #5 - Research Techniques in Schizophrenia. Washington, D.C.: American Psychiatric Association, 1956.

Combs, Arthur W., Donald L. Avilla and William W. Purkey. Helping Relationships-Basic Concepts for the Helping Professions. Boston: Allyn and Bacon, 1971.

Davis, Janner W. Social Service Workers and Human Needs: Reactions To Stress and Goal Blocks. Athens, Ga.: The Georgia Center for Continuing Education, University of Georgia, 1977.

Egan, Gerard. The Skilled Helper. Monterrey, Ca.: Brooks-Cole Publishing Co., 1975.

Gazda, George M., Frank R. Asbury, Fred J. Balzer, William C. Childers and Richard P. walters. Human Relations Development - A Manual For Educators. Boston: Allyn and Bacon, 1977.

Hallenbeck, Wilbur C. "The Role of Adult Education in Society." Adult Education. Gale Jensen, A.A. Liveright and Wilbur C. Hallenbeck, eds. Washington, D.C.: Adult Education Association of the U.S.A., 1964.

Harlow, H.F. "The Nature of Love." American Psychologist. Vol. 13 (1953), pp. 673-85.

Kilpatrick, Allie. Facilitative Communication Skills for Social Service Workers. Athens, Ga.: The Georgia Center for Continuing Education, The University of Georgia, 1977.

Kinlaw, Dennis C. Helping Skills for Developing Human Resources. Virginia Beach, Va.: Virginia Commonwealth Consulting and Counseling, 1975.

Knowles, Malcolm. The Modern Practice of Adult Education. New York: Association Press, 1969.

Perlman, Helen Harris. Social Casework: A Problem Solving Process. Chicago: University of Chicago Press, 1957.

Pippin, James A., Social Service Workers Guide To Intervention Techniques In Mental Health. Athens, Ga.: The Georgia Center for Continuing Education, University of Georgia, 1977.

Rogers, Carl R. Freedom to Learn. Columbus, Ohio: Charles E. Merrill Publishing Co., 1969.

Rogers, Carl R. "The Characterisitcs of a Helping Relationship." On Becoming a Person. Boston: Houghton Mifflin, 1961.

Truax, C.B. and R.R. Carkhuff. Toward Effective Counseling & Psychotherapy. Chicago: Aldine Co., 1967.

Wheeler, William. Understanding Relationships. Athens, Ga.: The Georgia Center for Continuing Education, The University of Georgia, 1978.

Woodall, Thomas E. and George Harvey. Helping Skills In Problem Solving. Athens, Ga.: The Georgia Center for Continuing Education, The University of Georiga, 1977.

Zealand, Jack and Marguerite Holmes. Understanding Human Nature and Development as an Intervention Technique for Social Service Workers. Athens, Ga.: The Georgia Center for Continuing Education, The University of Georgia, 1977.

Training Volunteers for Rural Rape Crisis Services

by Judith Ann Davenport and Joseph Davenport, III

The decade of the 70s has witnessed an increased emphasis on the problem of rape.[1] Long ignored or only whispered about in polite society, rape has become a prime topic for newspaper articles, media talk shows, television programs, books, professional journals, popular magazines and conferences for human service workers. Social consciousness has been raised; citizen groups have been mobilized; progressive legislation has been initiated, rape crisis services have been established and human service workers have been trained to meet the needs of victims. Unfortunately, these actions, commendable though they may be, generally have failed to address the problems and needs of rural rape victims.

A review of the literature indicates that most rape crisis programs are in urban locations serving urban populations. Many of these programs train volunteers to provide services. However, recruiting and retaining volunteers for a rural area may be more difficult than in an urban one. For example, volunteers in Atlanta

may be utilized frequently, have their skills applied often and may feel their contributions are needed and valued by the community. On the other hand, a volunteer in Big Timber, Montana; Decatur, Mississippi; or Woods Landing, Wyoming, may be utilized infrequently, seldom have a chance to apply skills and may well feel ineffective and unneeded.

This article will describe how volunteers may be utilized in rural rape crisis programs, what their training needs are, what knowledge and skills they require and what training approaches are successful.

Background

Crisis services in the northeast Mississippi region were provided by a ministerial association affiliated with the Regional Community Mental Health Complex. This association employed a coordinator to recruit and train volunteers. The mental health complex was headquartered in Starkville and served several counties, all of which could be classified as rural according to Buxton's definition, to wit:

> . . . rural is used as reflecting an area which lags behind in population per square mile, in education, in variety of experience and finally, in the power to control its own destiny, compared to larger urban areas.[2]

The catchment area also fit the definition of rural used by the National Institute of Mental Health: "Rural counties are by definition those located outside Standard Metropolitan Statistical Areas and having more than one-half of their population living in communities of 2,500 or less."[3]

While rape crisis services were not originally conceptualized as a component of the overall crisis program, the increasing attention to

this subject from the media and other sources along with several rape calls, convinced the coordinator of the need for such a service. Unlike urban areas, the reported incidence of rape did not justify a separate organization with full-time counselors. Furthermore, many rural areas are chronically short of resources and cannot provide the array of agencies, programs and services frequently found in more populated areas.[4] Integrating a needed service into a program already supported by the community is often the only viable method of service provision.[5]

The coordinator enlisted the assistance of a social work professor with considerable experience in establishing and providing rape crisis services in rural environments. These two people decided that the crisis line volunteers, backed up by the professional staff of the mental health complex, could provide rape crisis services if given additional training.

Volunteers had been recruited and screened by the coordinator of the crisis program. They received training in human behavior, crisis intervention, counseling and utilizing community resources. Mental health professionals providing back-up services included clinical psychologists and clinical social workers. The utilization of volunteers already trained in the basics of human service intervention was a boon since these basics did not have to be repeated. However, few of the volunteers possessed more than a superficial knowledge of rape crisis counseling.

Knowledge and Skills Needed by Volunteers

Additional knowledge and skills needed by the volunteers in-

cluded rape crisis theory, interventional techniques and the use of specific resources to meet the victim's legal, medical and psychological needs. Two sessions, totaling approximately six hours, were allocated to this training endeavor.

Volunteers began by completing and discussing a questionnaire. This questionnaire was designed to determine existing knowledge of rape, to stimulate discussion, to raise consciousness and to dispel myths. According to Brownmiller, myths which are especially damaging include:

> All women want to be raped.
> No woman can be raped against her will.
> She was asking for it.
> If you're going to be raped, you might as well relax and enjoy it.[6]

Such myths have the effect of condoning or even encouraging rape. They also tend to prevent victims from taking action against institutional forces contributing to rape. While difficult to prove, many feminists believe that "rape is sexism carried to its logical conclusion."[7]

A lecture and discussion approach was then used to convey information on rape crisis theory. Such information is becoming increasingly available. Neglected for years in favor of research on the offender, the rape victim is receiving an increased amount of attention from social workers, human service workers and social scientists. The National Institute of Mental Health has established a clearinghouse for rape prevention and crisis services. This clearinghouse is responsible for collecting and disseminating information as well as for providing funds for research purposes and demonstration programs.

The pioneering efforts of Sutherland and Scherl,[8] followed by Burgess and Holmstrom[9] and then McCombie[10] have provided a valuable base on which to build. Schultz[11] and Hilberman[12] have also made significant contributions. Fox and Scherl were able to identify predictable patterns of responses common to rape victims, including: "(1) acute reaction, occurring immediately after the rape and usually lasting for several days; (2) outward adjustment; and (3) integration and resolution of the experience."[13]

The "acute reaction phase," which immediately follows the sexual assault, leaves the victim with such feelings as shock, disbelief, dismay, anxiety and fear. She may cry outwardly or sob. In this stage which may last from several days to a week, the victim may appear numb, seem to show no feelings and talk very slowly and inaudibly.[14] Hardgrove found that the rape victim has a very specific set of needs and characterized these needs thusly:

> After being raped, a victim needs to feel that she is safe and that she will not be brutalized further. She needs to receive medical treatment. She needs to be listened to and helped to talk about the experience and her feelings regarding it. She also needs to know certain practical information that will help her to decide what to do next. Should she report the rape to the police? What will happen if she does and if she doesn't? What kind of medical treatment does she need and why? What about pregnancy and venereal disease? If she is going to report the rape, what should and shouldn't she do so that the evidence will not be destroyed? What kinds of feelings can she expect to have about the rape and the rapist? What will she have to go through if she does choose to prosecute? Where can she get emotional support? Where can she go to get the help she needs and feel sure that she will not be treated in a suspicious, further brutalizing manner? In short,[15] the victim needs safety, medical care, facts and support.

Abarbanel found similar needs and stated that:

> Rape victims clearly require a comprehensive range of

> services from persons in the field of medicine, law and mental health. However, a woman who has been raped is in a state of extreme emotional crisis. She is not prepared to go to one plan for medical care, another for counseling and still another for information about her legal rights. Therefore, one agency must take responsibility for developing the program and for organizing and conducting additional support services.[16]

Fox and Scherl summarize the worker's functions, during the "acute phase" as those which help the victim deal with the following issues:

> . . . (1) medical attention, (2) legal matters and police contacts, (3) notification of family or friends, (4) current practical concerns, (5) clarification of factual information, (6) emotional responses and (7) psychiatric consultation.[17]

Emotional responses frequently are dealt with first.

The volunteer must help the victim cope with both her feelings and reality. Most useful worker attitudes include warmth, calmness, empathy and firm consistency. Passive listening is not in order, nor is too active guiding. According to workers at the Women's Crisis Center in Ann Arbor, Michigan, initial emotional support and help with practical concerns may take at least three full days or more.[18] If necessary, such support may be provided by more than one volunteer or counselor.

If the rape has just occurred, the worker should assess the victim's emotional state and offer reassurance that she will be helped. When possible, the victim's name, location address and telephone number should be recorded in case of a cut off. Emotional release, such as crying, should be encouraged. One should also determine if the victim wants a counselor to come to her. Ideally, someone should stay on the telephone with her until help arrives. However,

most rural programs would have only one crisis worker on call at any one time.

Anticipatory guidance is a skill that may be of value during this phase. Fox and Scherl describe this skill as follows:

> Anticipatory guidance is an additional skill that is often useful in helping a rape victim not only to understand what she is currently experiencing, but to respond appropriately to the impact of later phases. Because a healthy . . . woman's emotional responses to rape are predictable, the worker should discuss them with her. The victim should be reassured that her feelings are similar to those experienced by other women in her situation and that after several days or weeks she will be able to return to her usual activities feeling less troubled (Phase 2). She should also realize that most women go through a third phase in which they feel depressed and mentally relive the experience. The worker should also give her the names of available mental health resources in case she needs further professional help during Phase 3.[19]

Medical needs must then be given attention if the victim has not sought this service first. A physical examination is necessary to attend to health needs and provide for future medicolegal requirements. A thorough pelvic examination should be followed by a sperm analysis, an acid phosp hotose (semen component identifying blood type), combing for assailant's hair on her body, a thorough body examination for lacerations and bruises, a written report of the results, and a future appointment for testing for venereal disease, pregnancy and vaginal infection. However, many rural health facilities do not provide such thorough examinations. A community approach of consultation and education may be needed to improve health examinations and services.

The volunteer should also know which hospitals and clinics accept rape victims and under what circumstances. This information is relatively easy to obtain in rural areas since they tend to possess

a limited number of health facilities and personnel. A police report must be filed before some health facilities will see a victim, and others resist involvement because of possible court appearances.

A knowledge of legal services and police contacts is imperative. Victims should be helped, if they so desire, to locate competent legal services. If the police have not already been contacted, the victim must decide if the crime should be reported and if so, what role does she want the worker to play. Fox and Scherl state that:

> She should be aware that if she reports the rape, she can expect to have extensive contact with the police. For example, she will be asked to answer questions about the assault, locate where it occurred and identify the assailant in a lineup. If she is anxious about reporting the assault to the police, it is appropriate for the worker to accompany her.[20]

A woman who decides not to report the rape should be aware of the possible consequences. For example, the rapist may rape and even kill other women. The final decision, however, must be made by the victim.

In some situations, Davenport and Davenport found that role playing was useful in preparing victims for police contacts.[21] If the volunteer is to continue to be the counselor, she explains this approach, receives approval and assumes the role of the police officer investigating the alleged crime. A suspicious manner may be combined with typical questions asked of the victim. The following testimony indicates what these may be like.

> Testimony: They got more and more interested in the physical details. What did the man say to me? What did I say to him? Did he upzip his pants or take them off? How long did it take? In what position did he do it? Why did I help him? Did he have a climax? Did I? They made me tell the story over and over to different policemen, ostensibly to check the details. When I told them he had

entered me from behind, they said that position was impossible. Had I been less frightened or demoralized, I might have pitied them for their unimaginative sex lives.

Testimony: They rushed me down to the housing cops, who asked me questions like, 'Was he your boyfriend? Did you know him?' Here I am, hysterical, I'm 12 years old, and I don't know these things even happen to people. Anyway they took me to the precinct after that, and there, about four detectives got me in a room and asked me how long was his penis--like I was supposed to measure it. Actually, they said, 'How long was the instrument?' I thought they were referring to the knife--how was I supposed to know? That I could have told them 'cause I was sure enough lookin' at the knife.'

Testimony: I went to the police station and said, 'I want to report a rape.' They said, 'Whose?' and I said, 'Mine.' The cop looked at me and said, 'Aw, who'd want to rape you?'[22]

The worker, assuming the role of a police officer, asks similar questions. A victim then has a better idea of what she can expect from some investigating officers. The client can attempt to respond and then receive feedback from the worker. Some decide at this point that they cannot go through with the process. Others are helped to modify or eliminate weak or inappropriate responses. Appropriate responses can be reinforced and practiced.

Role playing at this time has an additional therapeutic value since it places the woman in a position to make choices, thereby feeling that she is regaining autonomy and control. This is important since the literature indicates that many women experience overwhelming feelings of helplessness and loss of control during and after rape.[23]

Martin Symonds, Psychiatrist and Director of the Victimology Program at the Karen Horney Clinic, has observed that many victims respond with early adaptive and innate patterns of early childhood.[24] He has labeled this response "traumatic psychological infantilism."

Role playing, by restoring a sense of adequacy and control, can be quite helpful in moving away from this condition.

A volunteer or any other person preparing a victim to report the act to the police should not forget that time may be a key element in reporting. The longer a client waits to report the rape the less likely the police may be to apprehend the assailant. Information and evidence need to be collected as soon as possible.

Notifying family and friends generally serves to diminish a victim's anxiety. The worker should help the victim decide who will be told and how this will be accomplished. Fox and Scherl believe that:

> As a general rule, the victim should do as much as possible herself. However, if she is unable to take any necessary step, she should be present when that step is handled for her. This will reduce her opportunities to misunderstand, distort and fantasize about what the worker has said or done.[25]

After this decision has been made, the worker may use role playing as preparation for the reaction of relatives and friends. Davenport and Davenport found that: "This reaction may be manifested by a reluctance or even refusal to allow the victim to discuss the assault and her feelings about it."[20] Since neither denial nor repression are beneficial, the volunteer may assume the role of friend or relative, thereby giving the victim experience in communicating her feelings. Recommendations and suggestions can be made during and after role playing.

The volunteer may also help the victim meet current practical concerns (e.g., repair of windows, doors and locks; preparation for possible publicity). Dealing with such details helps the victim to "detoxify" the experience and temporarily sets it behind her.

Psychiatric consultation may well be in order, especially when volunteers are providing basic rape crisis services. In fact, Fox and Scherl maintain that a psychiatrist should be consulted on each case even though the doctor need not be directly involved with the client in most instances.[27]

Hilberman, a psychiatrist, acknowledges that "it is only recently that rape trauma has been considered an area in which psychiatrists can make a significant contribution."[28] However, she believes that the potential role of the psychiatrist in rape crisis programs "is multifaceted, with clinical, administrative, teaching, supervisory and research aspects."[29]

The volunteers affiliated with the regional community mental health program were used primarily to provide immediate telephone crisis services. Their training needs were essentially on how to help the victim during the acute phase. Ongoing contact with a victim was maintained only if the victim continued to call the volunteer. Referrals were made to the complex's professional staff for continuing treatment and services. However, training efforts for volunteers providing ongoing services would require a major emphasis on Phase 2 and Phase 3 of the rape crisis syndrome.

In Phase 2, or "outward adjustment," various psychological mechanisms (e.g., denial of affect, suppression) are called into play as the victim begins to deal with practical problems. She appears to be adjusting and generally has no great interest in seeing the worker or discussing the incident. This response should be encouraged and supported even though it represents an interim period of pseudo-adjustment.

The victim's lack of interest in or need for intensive counseling at this time provides the worker with a good opportunity to work with relatives and friends.

> Often they feel that the woman has been 'ruined' and may convey this to her so strongly that is becomes part of her self-image. They may be extremely angry with the patient, feeling that she was seductive, careless or did not heed their warnings. In such situations, the worker can help these relatives or friends realistically evaluate the rape and their own reactions to it.[30]

Anticipatory guidance is useful at this time to prepare the victim for feelings normally experienced during Phase 3. Role playing may be used again to help the woman deal with relatives and friends.

After apparently adjusting to the rape, many victims experience feelings of depression. This can be viewed as the beginning of Phase 3 or "integration." Some women feel guilty, angry or unclean and need help in working through such feelings. Most women integrate this experience in several weeks and it becomes part of their past. Those not integrating the experience within several weeks should probably be evaluated by a psychiatrist, clinical psychologist or clinical social worker. Victims already suffering from mental health problems may find their problems exacerbated and need additional help beyond rape crisis counseling.

Victims in rural areas have the same basic problems and needs of urban victims as well as additional problems created by their rural environment. Such additional problems include: a greater lack of anonymity and confidentiality, a greater pressure not to report the rape because of damage to the community's social fabric, a lack of objectivity in courtroom procedures because "everyone knows everything about everyone else," a hometown bias against outsiders if the

rapist is a local male and the victim from outside the community and a general lack of rape crisis services in rural communities.[31] Fortunately, increased attention is beginning to be focused on the development of programs to assist the rural rape victim. Such programs may well utilize the services of volunteers provided training is available.

Approaches and Issues in Training Volunteers

Caution must be exercised in recruiting volunteers for rape crisis services. Screening is essential even though some rape crisis programs issue statements such as: "Since you're a woman, you already have most of the background you'll need (to be an effective helper)."[32] While it may be understandable that many women, especially feminists, distrust mental health professions, a disregard of professional knowledge and expertise may well result in added harm to victims. Existing mental health problems, exacerbated by the assault, could be overlooked or minimized. An overly severe, even psychotic reaction, may not be handled properly. Volunteers who themselves are former rape victims may lack the objectivity necessary to allow the client to make her own decisions regarding reporting the rape and prosecuting the offender. Careful screening can prevent many possible problems.

A decision must be made on the use of males in a rape crisis program. While males may be used effectively to assist the victim's male relatives and friends in resolving their feelings about the rape, problems may develop when a male counselor works with a female victim.[33] Many women, for example, state that they either would prefer or see only a female counselor.[34]

When possible, rape crisis training should be given to volunteers already involved in providing crisis services (e.g., "hot line" volunteers for a mental health program). Such personnel generally have been screened already and they usually have received basic training in such areas as human behavior, counseling, crisis intervention and community services. Volunteers used only for rape crisis services in rural communities easily might lose interest because of infrequent contacts with victims. Crisis programs affiliated with regional community mental health programs also tend to have access to regular training, close supervision and professional consultation.

Questionnaires are useful in beginning a training session. These give the trainer the idea of the volunteer's existing knowledge about rape. They also serve to stimulate discussion, to raise consciousness and to dispel myths. Sample true-false questions include "Rape victims are usually young and attractive," and "Most rapists of white women are black."

Information on rape crisis theory, intervention techniques and specific resources needed by victims may be given didactically with the use of instructional aids such as audiovisual materials, cassettes and flip charts. Lecture and discussion sessions are useful, especially when followed by small group discussions. Outside lecturers and experts on legal and medical issues can be beneficial in the dissemination of information.

Interventional skills can be acquired through the use of hypothetical examples. Volunteers may begin by writing down possible courses of action for written case examples (e.g., a woman was raped by an old acquaintance while walking her dogs. She calls,

feeling guilty and upset because she was afraid to fight and is afraid to be independent anymore. This incident really shakes her confidence in herself and her trust in people. What do you say?).[35]

Role playing can be used with great effectiveness. One person assumes the role of crisis counselor and another person, frequently the trainer, assumes the role of victim. Crisis reactions are acted out and the trainee responds. The instructor and other trainees then critique the intervention. Such role playing can be extremely realistic if a "teleprompter" is used. This device consists of two telephones connected by a wire which is long enough so that the telephones can be in separate rooms. Following an actual ring, a volunteer answers the call and attempts to help the "victim." A critique then follows. When available, videotape facilities are a great aid to training efforts.

Concluding, volunteers can be used to provide rape crisis services in rural areas if they receive training and have access to professional supervision and consultation. Training efforts can be most successful if given to volunteers already involved in crisis services (e.g., "hot line" affiliated with a mental health center). Training should cover rape crisis theory, interventional techniques and community resources. A combination of questionnaires, lecture and discussion (using audiovisual material, cassettes, flip charts), small group discussion and a variety of simulation exercises are helpful in preparing the volunteer to help rape victims. Such training activities can do much in preparing people to meet the needs of previously neglected victims in rural areas.

NOTES AND REFERENCES

1. See, for example, John Evard, "Rape: The Medical, Social, and Legal Implications," American Journal of Obstetrics and Gynecology, 3 (September 1971), pp. 197-199; Suspected Rape, Technical Bulletin No. 14 (Chicago: American College of Obstetrics and Gynecologists, 1972); Sandra Suterland Fox and Donald J. Scherl, "Crisis Intervention with Victims of Rape," Social Work, 17 (January 1972), pp. 37-42; Leroy G. Schultz, "The Rape Victim: Implications for the Social Work Curriculum," Journal of Humanities, 1 (Spring 1974), pp. 1-5; and Judith Ann Davenport, "Establishing a Rape Crisis Program in a Community Mental Health Center is a Small Metropolitan Area," a paper presented at the Sixth Annual Conference, National Council of Community Mental Health Centers, Washington, D.C., February 25, 1975.

2. Edward Buxton, "Delivering Social Services in Rural Areas," Public Welfare, 31 (Winter 1973), pp. 15-20.

3. "Characteristics of Federally Funded Rural Community Mental Health Centers," National Institute of Mental Health, DHEW Publication No. (ADM) 74-6.

4. The dearth of specialized agencies and programs in rural areas has been noted in numerous articles. See, for example, Leon H. Ginsberg, "Education for Social Work in Rural Settings," Social Work Education Reporter, 17 (September 1969), pp. 28-32; Leon H. Ginsberg, "Rural Social Work," Encyclopedia of Social Work (Washington, D.C.: National Association of Social Workers, 1977), pp. 1228-1234; Joseph Davenport, III and Judith Ann Davenport, "Health-Related Social Services in Rural Areas: Problems and Opportunities," Social Perspectives, 5 (December 1977), pp. 36-40; and Judith Ann Davenport and Joseph Davenport, III, "The Health Counseling Agency: A Model Field Placement for Social Work Practice in Rural Areas," in Proceedings of the 1977 Alabama-Mississippi Conference on Social Work Education, Joseph Davenport, III, Editor, (Starkville, Mississippi: Mississippi State University, 1978).

5. An example of developing a rape crisis service as part of an existing community mental health center program is discussed in Judith Ann Davenport and Joseph Davenport, III, "A Model for Rape Crisis Services in Rural Communities," Human Services in the Rural Environment, 2 (December 1977), pp. 4-7.

6. Susan Brownmiller, Against Our Will: Men, Women and Rape (New York: Simon and Schuster, 1975), p. 346.

7. Noreen Connell and Cassandra Wilson, Rape: The First Sourcebook For Women (New York: New American Library, 1974), p. 1.

8. Sandra Sutherland and Donald J. Scherl, "Patterns of Response Among Victims of Rape," American Journal of Orthopsychiatry, 40 (April 1970), pp. 503-511.

9. Ann W. Burgess and Lynda L. Holmstrom, Rape: Victims of Crisis (Bowie, Maryland: Robert J. Bradley Co., 1974).

10. Sharon McCombie, "Characteristics of Rape Victims Seen in Crisis Intervention," Smith College Studies in Social Work, 46 (April 1976), pp. 137-158.

11. Leroy G. Schultz, Rape Victimology (Springfield, Illinois: Charles C. Thomas, 1975).

12. Elaine Hilberman, The Rape Victim (New York: Basic Books, 1976).

13. Fox and Scherl, op, cit., p. 37.

14. Additional information on the psychological and emotional reactions to rape may be found in Martin Symonds, "The Psychological Patterns of Response of Victims of Rape," a paper presented at the Seminar on Rape, John Jay College of Criminal Justice and American Academy for Professional Law Enforcement, New York, April 10, 1975, and Judith Ann Davenport, "Emotional Reactions to Rape," a paper presented at the Women's Week Conference, Mississippi State University, January 1978.

15. Grace Hardgrove, "An Interagency Service Network to Meet Needs of Rape Victims," Social Casework, 57 (April 1976), pp. 245-253.

16. Gail Abarbanel, "Helping Victims of Rape," Social Work, 21 (November 1976), pp. 478-482.

17. Fox and Scherl, op. cit., p. 38.

18. "Helping Rape Victims: Decisons," a brochure developed by the Women's Crisis Center, Ann Arbor, Michigan, September 26, 1973.

19. Fox and Scherl, op. cit., p. 39.

20. Ibid., p. 38.

21. Judith Ann Davenport and Joseph Davenport, III, "Role Playing in a Rape Crisis Program," a paper presented at the Fifth Biennial Professional Symposium, National Association of Social Workers, San Diego, California, November 20, 1977, and accepted for publication by Health and Social Work.

22. Brownmiller, op. cit., pp. 408-409.

23. Symonds, op. cit., pp. 27-34.

24. Ibid., p. 29.

25. Fox and Scherl, op. cit., p. 38.

26. Judith Ann Davenport and Joseph Davenport, III, "Role Playing in a Rape Crisis Program," op. cit., p. 9.

27. Fox and Scherl, op. cit., p. 39.

28. Elaine Hilberman, The Rape Victim (New York: Basic Books, Inc., 1976), p. 57.

29. Ibid.

30. Fox and Scherl, op. cit., p. 40.

31. A detailed examination of such problems and needs and suggested means for resolving them may be found in Judith Ann Davenport and Joseph Davenport, III, "Helping Rape Victims in Rural Areas," a paper presented at the 105th Annual Forum of the National Conference on Social Welfare, Los Angeles, California, May 24, 1978.

32. Patrick Mills, editor, Rape Intervention Resource Manual (Springfield, Illinois: Charles C. Thomas, 1977), p. 41.

33. The difficulties inherent in male therapists working with female rape victims are discussed quite well in Daniel Silverman, "First Do No More Harm: Female Rape Victims and the Male Counselor," American Journal of Orthopsychiatry, 46 (January 1977), pp. 91-96.

34. Kathy Akin, Marion Johnson, Cynthia Rutledge and Karen Selestak conducted a "Rape Counseling Survey" at Mississippi State University to determine coed feelings about the use of counseling services following a rape. Of the 83 coeds surveyed, 58 (70 percent) indicated that the sex of the counselor was not important; 20 (34 percent) indicated that they would prefer a female counselor; 8 (14 percent) indicated that they would only see a female counselor, and 2 (3 percent) indicated that they would prefer a male counselor. These findings tend to lend support to the belief that female counselors would be more easily accepted by a large number of female rape victims.

35. Mills, op. cit., p. 43.

The Planning and Development of a Community-Wide Human Services Educational Program

by Joseph P. Miller, Jr. and Rae M. Jackson

This is a report on the development of an educational program aimed at providing academic preparation and skill upgrading for workers in the human services fields. We would like to share some of these experiences and the subsequent program which has emerged through a two year process in hopes that it may be beneficial to professionals and the communities they represent.

The program is centered at Lansing Community College (LCC) in Lansing, Michigan. LCC is a publicly supported, two-year institution, specifically designated to serve the populations of five counties. Lansing, the capital of Michigan, is adjacent to East Lansing, the site of Michigan State University. The surrounding areas are semi-rural to rural in nature. As a result, there is a varied service base as well as client population, ranging from the highly complex, organized state level departments to the extremely small one to two person service organizations. Over the past several years, there has been a slow but steady growth in the number of positions open

to individuals trained in the human services, and an increase in the number of persons with limited, personal and experiential background employed in such positions.

As the structure at LCC originally ved, there were four programs, each separate units within the program: teacher assistant, child development, social work and public service (a program focusing upon entry level management skills in governmental agencies). With the experience of several years, it was felt that such a structural arrangement was not meeting the needs of the students enrolled in the program, nor was it providing the students with satisfactory vocational entry level skills as demanded by the needs of the community, and it was not successfully meeting on-the-job training and upgrading of skills of existing employees in local service agencies.

To facilitate reorganization, an initial planning committee within the college was established, and with some preliminary restructuring, sought the input of individuals throughout the community. This effort resulted in a tentative restructuring of the entire human services program. This was submitted to members of each unit's existing citizens advisory group for their evaluation and feedback. Follow-up telephone contacts were made with the members of the advisory committees concerning their input and the planning committee reevaluated their proposals.

A revision of the existing human services program was ultimately proposed as well as the incorporation of two other existing programs within the college. This proposed program consisted of a basic core concentration of course work beyond the required general

arts and social work, with opportunities for specialized options in child advocacy, child development, human services, mental retardation, gerontology, teacher assistant and public administration. At the same time, a specific grant was sought from the Michigan Department of Vocational Education to support an in-depth study of the educational and training needs of the area. This request was successful, and the Department of Vocational Education provided monies for such a study.

There were, however, some very limiting aspects of this funding, because the support was received only five and one-half weeks prior to the deadline for program results. Consequently, the study was done under a great deal of pressure and had several basic constraints: some methods of information retrieval were eliminated; community and college personnel were difficult to contact due to Thanksgiving and Christmas holidays; and students were in the midst of final examinations.

Despite these obstacles, a large scale feasibility study of the needs of the community, the college and the students was accomplished. Six basic objectives were established: (1) to obtain opinions of the students; (2) to survey the employment needs and outlook for human service workers in the Lansing area and statewide; (3) to review the experiences of other colleges and universities with human service programming; (4) to assess the response of other four-year universities to the transferability of graduates of the proposed program; (5) to obtain input from LCC faculty and administrators about the program change; and (6) to review prior studies of the Lansing area relevant to human service needs.

The two most critical areas used to evaluate potential changes in the program were the input received from the students and the employers. Information was secured from the employers through a personal interview, structured to collect as much data as possible through open-ended questions. This method was felt to maximize the input of data, as well as serve two other purposes: to emphasize LCC's interest in potential employers and the importance of their opinions on program development, and demonstrate to the employers the willingness of the colleges to meet training needs of their personnel.

A total of 54 employers were interviewed; 38 were local employers and 16 were state-wide employers. In all cases, the agency director was contacted and frequently agreed to be the individual interviewed in the study. The questionnaire took between thirty and sixty minutes to administer. In all cases, the interviewers were received with cooperation and interest.

The students were surveyed over a two-week period. The survey included all classes within the social work, child development and teacher assistants programs. The questionnaire took approximately 15 minutes to complete. In total, 179 responses were received.

A mail survey was utilized to contact other colleges and universities with experiences in human services training programs. The survey, which was mailed to the chairperson of the program, took approximately 15 minutes to complete. A limited response rate of sixty percent was received; this was attributed to the poor timing of the survey.

Additionally, a telephone survey of Michigan schools and universities where many LCC human services students transfer was completed. The LCC faculty and administrators were contacted through a mailed questionnaire. The fulltime faculty was also personally interviewed.

The significant findings of the feasibility study were as follows:

1. A sufficient number of jobs for human services workers appeared to be available within the Lansing area and the majority of state employment opportunities were outside the immediate geographic area. On a state level, the Department of Social Services and the Department of Corrections were particularly interested in the proposed programming. The future trends in local area employment were expected to increase by approximately 5-10 percent over the next five years and by 10-24 percent statewide in the next five years. An overwhelming majority of the agencies supported the proposed programming change, indicating that such changes would be beneficial to the entry level skills sought by their agencies, as well as making a major contribution to the potential for ongoing job training by their employees.
2. Within the student groups, over 90 percent felt the proposed program would be a beneficial change in the educational structure of the college. More than two-thirds of the students felt the basic core curriculum would be beneficial in meeting their educational needs, and nearly three-fourths felt the proposed areas of concentration in the human service areas would further their own compe-

tency and skill development, as well as provide them with more marketable skills.

3. Responses from other colleges and universities offering programs in the areas of human services indicated the most frequent areas of concentration were teacher aids, child development, social work, gerontology and mental health aids. Over 90 percent of the responding schools offered a core concentration of course work, supplemented by additional programming. An equal number felt field experiences would be vital to the program. Approximately two-thirds of the responding schools had completed surveys of their graduating students and found the majority of their graduates found employment or continued in a four year college within their area of study. In viewing respondents' suggestions concerning the development of human services training, the major concern was that of carefully checking the students' employment opportunities and enrollment in programming be accommodated to these needs.

4. Four-year colleges and universities which accept graduates of the LCC program had no specific opposition to the proposed changes. All the colleges and universities were pleased to have been considered in the survey and expressed a strong desire to work with LCC on the transfer of students and on curriculum development.

5. The survey of faculty and administrators revealed no strong opposition to the proposed alterations in the pro-

gram. All the respondents were supportive of the generic approach to the human services program.

6. A review of previous research in the area disclosed only four efforts during the past six years. All such work supported the need for training and the availability of employment opportunities.

Based upon the results of this feasibility study, the college decided to implement the proposed changes. This implementation involved several aspects: (1) the creation of a wide-ranging citizens advisory committee; (2) the development of specific program objectives for each special option; and (3) the development of course curriculum outlines using a competency based model.

The citizens advisory committee was chosen with several goals in mind: (a) individuals serving on this committee were to be local professionals with educational backgrounds and experience in various areas of specialization; (b) they were to be willing to review a large amount of material and to meet frequently to perform overall assessments of each program objective and each curriculum outline as it was completed; and (c) they were to represent a variety of community agencies which might ultimately employ graduates of the program or might be in a position within the agency to urge that the program be used for on-the-job training and skill upgrading of existing employees. The committee was made up of 24 people, who represented such groups as Michigan Employment Security Commission, the Community Mental Health Center, three local school districts, Tri-County Office on Aging, Michigan Department of Social Services, Michigan State University, the Juvenile Court, Michigan

Office of Children and Youth, Tri-County Programs for the Retarded and the Council for the Prevention of Child Abuse and Neglect.

This committee was a vital asset to the development of the program. It functioned effectively together, with at least 80-85 percent of all members attending every meeting; met the responsibilities of reviewing the materials sent them each time as evidenced by their input at meetings; and became very strong supporters of the program--several members even volunteered their services and time to teach the proposed programs. Each of these meetings involved extensive review and evaluation of the program proposals and course curriculum by the advisory committee members, faculty and administrators. The interactional aspects of these meetings were felt to be of major significance in the integrative structure of the final program.

The complete human services program is designed as a ninety-credit associate degree; core curriculum courses in the human services general arts and sciences credits, and a total of seven elective courses are required to complete the program. The required arts and sciences credits are designed to provide the student with a generalized liberal arts education. These credits focus upon several areas: the ability to communicate meaningfully in the form of reports, papers and presentations; an exposure to the general structure of governmental systems; an elementary knowledge of the psychological and biological functioning of people and their interface; and some exposure to the humanities, hopefully to reflect the generalized impact of history, literature and philosophy upon the functioning of modern society.

The core curriculum is structured as a multidisciplinary model which emphasizes exposure to skills in helping people, knowledge of human behavior tools for a better understanding of our society and a familiarity with the community services available to all people having difficulty coping with living. Six specific courses are designed to provide the skills and competencies within the above areas. Concurrent practicum placements for a nine-month period complement these courses. The educational goals of the core curriculum include development of: (a) a critical self-awareness of needs, abilities and limitations; (b) proficiency in interviewing: (c) abilities to link client need with appropriate community resources; (d) abilities to observe, record and organize data; (e) a working knowledge of human behavior; (f) a basic understanding of social and legal problems and the psycho-social impact on individuals and families; and (g) an understanding of the structure and operation of human services systems.

The specialty option courses permit the student to concentrate in one of seven areas: child advocacy, child development, gerontology, human services, mental retardation, public administration and teacher assistance. Each specialty option ranges from a minimum of four-to-six required courses, plus additional elective courses. The options are all constructed with the competency based model of specialty goals directing course goals, which subsequently determine performance goals within the course. The child advocacy option can illustrate this integrative process. The goal statements for this option are:

The student, in the child advocacy speciality, will be exposed to the goals of the human services program plus the following:

1. Develop an ongoing awareness of legislation and public policy affecting education, services to the handicapped, child welfare and child care.

2. Develop skills in advocacy through simulated experiences.

3. Develop a working knowledge of how agencies, institutions and courts affect the lives of children and their families.

4. Develop an awareness of family dynamics as it relates to communication, role definitions, conflicts, problem solving and family interactions.

5. Develop the ability to communicate with youth and families representing varied life styles.

6. Develop the ability to use existing systems to maintain awareness and impart public policy and legislation.

From these option goals, the "Introduction to Child Advocacy" course goals are subsequently developed:

1. Describe the chronological changes in the treatment of children from antiquity to present day and explain its significance on the development of children's rights statements.

2. Explain how the children's rights movement developed and identify and explain the various written documents of children's rights (i.e., Children's Charter, UN Declaration of Children's Rights, etc.)

3. Define child advocacy and explain some of the basic components of an advocacy program.

4. Explain how to begin an advocacy program and identify skills to be used in that effort.

5. Describe some of the difficulties that children have in the following areas: education, handicapped services, juvenile justice systems, child abuse and neglect, foster care, child care (day care and other similar situations) and adoption.

6. Describe how the legislative system operates and explain what various acts are providing for children.

To achieve, for example, goal 4 of the course, the following performance objectives emerge:

1. Performance Objective: Without the use of reference materials, the student will describe how to begin to advocate for children with a particular problem.

2. Performance Objective: Without using reference material, the student will describe various methods and/or skills utilized in advocacy.

   Outline in detail the methods or skills involved in the following:

   a. Data Gathering
   b. Coalition Building
   c. Planning strategy
   d. Monitoring
   e. Negotiation
   f. Lobbying
   g. Class Litigation

3. Performance Objective: Without the use of reference materials, the student will describe the skills involved in advocating for one client.

It is felt this program will serve the community and agency needs in several ways:

1. Students may enter the program and exercise several options: (a) the complete Associate Arts degree may be completed; (b) the student may complete between one and 44 credits, receiving a specified Certificate of Achievement; (c) the student may complete 45-89 credits, receiving a separate Certificate of Achievement; (d) the student may complete a series of courses, for example the child abuse series, and receive a Certificate of Recognition; (e) the student may complete a singular course as befits the skill and performance needs of the individual and existing job requirements.

2. The courses are designed to fit into a developed and certified academic curriculum, but at the same time may be offered as separate modules in agency settings. For example, the college has already been approached by the Department of Social Services, the Friend of the Court, the Senior Citizens Center and Oldsmobile Corporation to offer employees of these organizations specific courses either in their entirety or in an abbreviated fashion.

3. As a result of the competency based structure, students and agencies can more appropriately determine the content and skills obtained from the courses. Students are better able to assess their own individual learning levels and needs. Agencies can determine the appropriateness of the prospective employee's skills relevant to the job position and the appropriateness of the material for any on-the-job training of current employees.

4. The efforts involved in the competency based structure of the program have, and hopefully will continue, enabling greater interchange between the professional community's concern with skills and practice competencies, and the academic profession and their concerns with curriculum building and learning skills.

5. The structure of the competency based model enables both the college and the professional community to engage in continuous evaluative procedures concerning the objectives of the program and any shifting needs of the students, the professional community, the clients, and the college.

6. Within the community college structure in which the program is offered, individuals who complete a specific option and wish to continue with subsequent courses or an additional option are free to do so.

The program has incorporated a specific evaluation process, involving indicators of success, procedures for gathering evaluative information, and procedures for disseminating the information over a two-year period after the beginning of the program. Continuous evaluation will be done by subsequent studies every two years.

In summary, the planning and development of an educational program preparing individuals in the human services has been described. Initial recognition of inadequacies in the existing programs precipitated a wide-range assessment survey. College efforts, combined with sustained cooperation of advisory groups, led to the development of a human services program involving six speciality options. The program is based upon a competency based model, and offers the flexibility of earning an associate degree or attending singular learning modules. Evaluative procedures are incorporated into the program.

Citation Indexing and Information Science in Human Services Courses: The Development of Critical Thinking

by Thomas D. Watts

This paper examines some roles that citation indexing and information science might play in the design and delivery of courses in the human services, toward the goal of the development of critical capabilities in students. Two points are made here: (1) The development of critical thinking and critical capabilities is particularly needed now; (2) Newer developments in information science such as citation indexing increase the number of tools at the disposal of the student toward the development of critical capabilities in the student. No attempt is made here to survey all the vast realms of information science, nor all the possible dimensions of citation indexing, but rather to examine the areas in which citation indexing in particular can affect the enhancement of critical acumen in students in human services. Finally, in the last part of the paper, I discuss the general employment of these ideas in human services courses.

First, it is paramount that the critical capabilities of students be accentuated. American education is apparently in the midst of a

"back to basics" movement. We are painfully aware of the inability of many students to engage in the process of scholarly criticism. Many courses in the human services have indeed brought John Dewey into the classroom, have encouraged "class discussion," "class participation" and the like. But now that Dewey is here we do not know what to do with him; we do not know where to go from where we are now. The level of class discussion and the abilities of students to tackle issues in the human services in a scholarly, earnest way is not as great as many would like it to be.

Too often our educational system does not provide an avenue for experimenting with the student's critical faculties.[1] Even so-called "class reports," employed frequently in many courses, are not fashioned as truly critical exercises.[2] Often an instructor will ask that the student engage in scholarly criticism in such class reports, yet the student is given few guidelines on how to go about such a task.

Curiously, professors or teachers of human services courses are fond of talking about information overload and the knowledge society, yet often the student is not given tools sufficient to grapple with information technology, nor taught to put such information technology to good use in a scholarly criticism of ideas or points of view. This is not surprising; Irving Louis Horowitz and Paul Barker point to the gulf that exists between information science and social science.[3] Many social scientists do not understand the complexities and dimensions of the newer information science, and little attention is given to information science in the graduate education of most social scientists.[4]

An important part of the new information science that has considerable potential for students in human services courses are the developments in the areas of information storage and retrieval. Computerized information and data banks can and are increasing user access to vast amounts of information. Citation indexing is an important example of a computerized information and data bank.

Citation indexing is an important new development within information science that can have numerous benefits for students in human services. The Social Sciences Citation Index is "the most recent, and most titanic, achievement of the burgeoning information storage and retrieval industry. It is dedicated to the proposition that the best way to find out what an article is about is not to look at its title, but at its footnotes."[5] Citation indexing enables the student to go far beyond the traditional author and subject approach to information finding. Through citation indexing the student has access to all the places in the literature where a given author has been cited. This way the student can find out how a given author's work and ideas are evaluated by colleagues in the field. This enables the student to have at one's fingertips a body of criticism that can be used to form critical judgments on the works of authors. Access to such a considerable array of scholarly criticism has never been so readily available.

The use of citation indexing could help a student become more critical and more analytical in a number of ways. First, the student can get a firmer grasp on the way a given scholar's works have been evaluated by colleagues. An example here might be the work of Martin Rein. Rein has had an important impact in the area of

social and public policy through his books and articles.[6] A student engaged in writing a paper on social policy or the human services can examine all the places in the literature where Rein has been cited. This would provide for the student most all the literature, pro and con, critical or complimentary, that has ever been written on Rein's work. After canvassing the critical commentary of Rein's colleagues the student can better develop his or her own perspective and position in regard to Rein's ideas.

Second, the amount and quality of the commentary in regard to a given author's work gives the student a better idea of the author's importance in the field. An example might be the increased citation rate of behaviorists such as B.F. Skinner and Joseph Wolpe. Through a close evaluation of the citations one can easily find that their work has gained in importance, as indeed has occurred with behaviorism (in its various forms) as a whole. For those doing theoretical work in the human services, this marks an interesting opportunity to empiricize, to some extent, the theoretical arena. A commonly used phrase is "Professor Jones' work is of considerable importance." Through citation indexing the student can make an evaluation of just how important Professor Jones work really is, at least in the eyes of colleagues.

Third, through the use of citation indexing the student is able to cover more thoroughly the subject area under investigation. In the past, information hunts were confined to such standard "subject and author" indexes and abstracts as Social Work Research and Abstracts and Public Affairs Information Service. The use of citation indexing services such as the Social Sciences Citation Index and the

Science Citation Index provides new opportunities to "get at" subject area coverage. An example might be a student paper or project on community development corporations. Charles Hampden-Turner is one scholar who has written important and influential articles and books on community development corporations. A standard subject area search on the subject will not provide the reader with some key commentaries or critical evaluations on the community development corporation idea contained in more general articles. Example: Hampden-Turner's key book on the subject, From Poverty to Human Dignity, will be cited in various articles (along with accompanying discussion of Hampden-Turner's ideas on the community development corporation, or the author's) and yet be missed in a standard subject search.

An example might be as follows: the student doing a paper on the community development corporation might first collect a standard bibliography on the subject through the use of any existing bibliographies and the subject and author classifications employed by most indexes and abstracts. Then the student could collect a list of authors who have written extensively on the subject (such as Hampden-Turner) and scour the Social Sciences Citation Index to see where articles and books on the subject by any of these authors have been cited in the literature. Professor "Smith" or Professor "Doe" could have written articles on the general subjects of "economic development," "minorities" or "poverty" which included whole sections on the community development corporation. The very citation of Hampden-Turner's book moves the student into this valuable

body of literature and adds a whole new dimension to information finding in the social sciences or human services.

Cautionary notes are in order, of course. Neither citation indexing nor information science are ends in themselves but are means to an end. One does not automatically become a critical and analytical scholar through occasional or frequent utilization of the tools of information science. But tools such as citation indexing can aid toward that end in important ways.

Nor is <u>total</u> assessment of a given scholar's work possible through the utilization of citation indexing. Our knowledge of information science and citation indexing is still too scanty to provide definitive answers in this area. The most we can look to at this point are <u>clues</u> to "truth" or "validity" in this area and not final "truth" itself. One cannot make a comprehensive empirical evaluation of the impact of the work of Talcott Parsons or anyone else through citation indexing. What one can do is to gain some insights into the relative impact of a scholar in a given field. The dangers of positivistic approaches in this area must be recognized and handled.

A wise course of action is for the professor to write a "guide to the library" for a particular course of study, ideally with the aid of the librarian. Such a guide might include a comprehensive listing of all indexes and abstracts in the library that have particular relevance to the human services, with the call number and floor number next to each. The utilization of citation indexing can be discussed by the professor in class. Perhaps required reading on citation indexing can be assigned to students. Case examples can be employed with

much benefit, such as the mini-examples on community development corporations and Martin Rein discussed in this paper.

The library is truly the "memory bank of civilization" and the newer developments in the information science such as citation indexing tune the user in to this memory bank in unique ways. The challenge for instructors of human services courses is to move the student toward tuning into this memory bank and at the same time foster a truly critical and analytical acumen in students for their greater intellectual growth and development. Human services courses can do much in incorporating sound, comprehensive information science content to enable students to think more consciously and respond more readily to the information demands of the age.

FOOTNOTES

1. Ernest Becker, Beyond Alienation (New York: Braziller, Inc., 1967).

2. Thomas D. Watts, "Teaching An Aging Policy Course Through Issue Confrontation," Paper delivered at the Fourth Annual Meeting, Association for Gerontology in Higher Education, March 9, 1978, Dallas, Texas, p.4.

3. Irving Louis Horowitz and Paul Barker, "Mediating Journals: Reaching Out To a Public Beyond the Scientific Community," International Social Science Journal, vol. 26, No. 3 (1974): 393-403.

4. Thomas D. Watts, "Need Assessment, Social Policy and the National Social Science Foundation," Paper delivered at the Second National Conference on Need Assessment in Health and Human Services, March 30, 1978, Louisville, Kentucky, p. 12.

5. Jon Wiener, "Footnote Or Perish," Dissent, vol. 21, No. 4 (Fall, 1974): 588.

6. Martin Rein, Social Policy (New York: Random House, 1970); Martin Rein, Social Science and Public Policy (New York: Penguin, 1976), and a number of other articles and books.

7. Harold B. Pepinsky, "Preface," in People and Information, ed. Harold B. Pepinsky (Elmsford, N.Y.: Pergamon Press, Inc., 1970), p. xv.

8. Charlotte Gorden, How To Find What You Want In The Library (Woodbury, New York: Barron's Education Series, Inc., 1978), p. xiii.

III. EVALUATION

There is a strong natural resistance to the evaluation of training programs in the human services. Rationality suggests that we should evaluate, but in reality, evaluation practically, is not always feasible and it is rarely conducted at a level of sophistication that precludes significant new information. What are the reasons that training programs are often inadequately evaluated and what can be done to modify the situation?

The goals and objectives of training programs, like the goals and objectives of human service programs, are often vague and uncertain. In some cases they may not even exist, in others they are replete with phrases such as "to develop a better understanding of" or "to provide an overview of issues pertaining to." Even when objectives are specified in performance terms, there may be a questionable linkage between the outcomes of training and its intended impact on job performance. For example, a training program on divorce may have an objective that indicates that as a result of the training the trainee will be able to state the three major causes of divorce in the United States. The objective implies mere memorization of facts and, while it is certainly measurable, one might question how this capability contributes significantly to the intervention skills of the divorce counselor.

In the past few years considerable emphasis has been placed on the development of quality objectives for training programs. Unfortunately, the development of quality objectives seems to have become an objective itself independent of overall training program design.

As a consequence, there are often inconsistencies between stated objectives and the instructional activities which have been designed to meet these objectives. The training objective is often to improve practice capability and instructional designs are often justified by their ability to achieve stated objectives. Greater evaluation of training would probably result in more pressure for this type of contiguity. Yet, evaluation is not always for other reasons.

Unlike conditions which may be achieved in the laboratory, training programs and designs are not static and, therefore, complicate evaluative efforts. One problem is the variability of inputs in the experimental situation. Trainees come into training programs with a variety of expectations, capabilities and job demands. This in turn produces a heterogeneity of need within most training groups causing a natural tension with the preselected instructional design. The values of good training suggest adaptive structures which change to meet the needs of participants. Originally stated objectives may be discarded in favor of new objectives as feedback occurs between the trainer and the trainees. Consequently, well designed evaluation could be rendered irrelevant in the midst of training.

A related problem arises from variability in the replication of training programs with different groups. Many training programs are one-shot interventions. It is difficult to argue the cost benefits for developing performance-based measures when the program is only going to be delivered once with a unique population. Even when the training program is repeated with different groups the nature and structure of the program is often changed to accommodate variability among the groups. Thus, it is difficult to contend the same training

model was uniformly used and consequently to define precisely which training model worked or didn't work.

Many trainers argue that the requirements of evaluation are cumbersome and interfere with the training process itself. Strict evaluation involving both pre- and post-testing procedures often raises arguments that such activities interfere with both the initiation and termination of group processes. Others have argued that adult learners will not easily sit still for extensive testing prior to an education program. Actually, there is little evidence to either support or reject this conclusion. Mostly, these reflect the values of trainers rather than the opinions of trainees. However, it is hard to argue that two hours of a six hour workshop should be devoted to testing and evaluation. However, training programs that have been evaluated using pre- and post-test competency-based measures have been effective both from a program standpoint and from an evaluation perspective. This would seem to suggest that how evaluation procedures are received by the trainees depends in some part on the way these procedures are introduced to them by trainers or other persons responsible for evaluation. A second trainer resistance to evaluation is that the result may reflect directly on the trainer. Trainers often are concerned that negative results might be misinterpreted or based on erroneous procedures. If these results are accepted the trainer's reputation may be damaged.

As with other attempts at program evaluation, the evaluation of training is beset by a number of ambiguities. Often the evaluation question is not clear or easily defined. Training is frequently per-

ceived to have many worthwhile benefits ranging from skill development to group or team development to rest and relaxation. Which of these becomes important may be a matter which has been documented. Some contend that trainees are more confident in their work following training. They may not have acquired new skills or knowledge but have been supported and reinforced for using existing knowledge. Such confidence can have a positive impact on practice. Yet measuring the increase in confidence alone would be misleading. The trainee may have misrepresented the implications of the training session and gained confidence in techniques that are inappropriate. In the final analysis, most trainers and organizations are concerned with changes in actual capability levels.

A distinction must be made between academic capabilities and practice capabilities, for they are not always conterminous. Consider for example a workshop on child development with the stated result that the trainees will be able to describe various stages of child and adolescent development. Such a capability may be an important enabling capability for many aspects of practice. Yet one must ask, how will the capability of describing states of child and adolescent development affect the trainees practice capability. It is possible for one to complete such verbal descriptions from rote without being able to differentiate among a group of children which are at various stages of development. The later capability would seem more important in actual practice. It is possible for a trainee to have achieved the first objective without having achieved the second practice capability. In this case the training could be proved very effective within the limited range of its objectives and yet had

no impact on the trainee's practice capabilities. If A leads to B, then the determination of A is important. However, if A and B are not the same, then the existence of B must be determined also. In this way many evaluations of educational programs fall victim to measuring what can be easily measured, i.e., rote recall of words and descriptions, rather than higher order practice capabilities.

Often there are no clear-cut mechanisms for incorporating feedback from evaluation into future program design. In part, this is endemic in the type of feedback gained from evaluation. Outcome evaluation tells you whether or not the desired effects were achieved. It does not necessarily tell you what caused those effects. This is more the function of process evaluation. Consequently, when negative program results are documented, the trainer must guess what must be changed in the program. Similarly, when positive effects are achieved, the trainer may not be aware of what factors contributed to these effects. Any number of situational variables such as the composition of the group (which will change from training program to training program) may have accounted partially for the results. A one shot evaluation, with positive results, may lead to unwarranted generalizations about the broad utility of a training model.

Even when feedback is specific and usable, there may be no opportunity to use it. Many training programs are not repeated in exactly the same format. The program itself may have been a one shot design and as a consequence, learnings may have no immediate future implications. Also, it is difficult for others to learn from these successes and failures if there are no adequate channels to

disseminate results from the evaluation of training programs. As a consequence much of the practice information gained through experience remains isolated and locked in the head of the practitioner. Sometimes. organizational values and belief systems make the use of evaluative results difficult. Results may suggest changes in structure, program philosophy, the way in which participants are recruited or selected, etc. For example, in many public agencies, trainees may have limited input regarding whether or not they receive training, what the training will concern or why they will go. These circumstances create initial hostilities which can reduce the overall effectiveness of training. Yet training programs in which trainees have greater input into the content of the training may run contrary to organizational beliefs about what trainees need and what program delivery patterns are feasible.

As with other aspects of evaluative research, the constraints of real world experimentation create barriers to effective evaluation. Organizational constraints on the selection of trainees often preclude the possibility of scientifically selected samples in the construction of experimental and control groups. The inability to control training procedures and thus insure uniform training with different groups makes replication of the experiment difficult. Turnover in the organization, as well as job related crises create sample mortality. Problems with the reliability and validity of measures tend to erode credibility in otherwise statistically significant results. Ultimately, these problems may become excuses not to evaluate rather than reasons not to evaluate. The application of quasi-experimental designs, or for that matter true experimental designs, is frequently

feasible if advanced planning occurs. Organizations are under pressure to document their expenditures for training and may be more willing to cooperate in sound evaluative procedures than most trainers believe.

Future evaluative efforts may take many directions. Practice suggests that most current attempts at evaluation can be categorized as participant reaction or self-report. Participants answer questions about their attitudes toward various aspects of the program including such items as the extent to which the program was helpful to them, the amount of new information included, their perception of the trainer's capabilities, their perception of the environment of the training and the overall worth of the training program. While such information is important it should be remembered that attitudinal information tells us more about the person giving it than it does about the subject, in this case, the training program itself. Certainly, trainees attitudes on these issues are an important part of the overall evaluation approach, but more activity is indicated.

Effort must be increased to assess the outcomes of training and to isolate those factors which contribute to overall program effectiveness. In order to accomplish this we must rely less on perceptual data and increase the extent to which performance data is used in evaluation. This will require greater sources of funding for educational research in a natural environmental setting. Primarily, it will require a positive opinion of evaluation research by trainers.

Included in this section are three papers that address issues related to evaluation of training effectiveness. Weiss reports on a study of factors that seem to influence the degree to which training

is integrated into practice. He looks particularly at training aimed at meeting the needs of child welfare personnel and attempts to answer the question of whether training makes a difference.

Bremseth, Betz and Prevot report on an attempt to compare the effectiveness of a variety of evaluation strategies. Their research effort was done within the framework of Kirkpatrick's four-step model to evaluate training programs.

Gibelman attempts to evaluate factors related to teacher effectiveness in continuing education. She addresses such issues as factors unique to continuing education, recruitment of continuing education faculty or trainees, the definition of teacher effectiveness, the measurement of teacher effectiveness, and then presents findings obtained through a research project utilizing a "Teacher Effectiveness Rating Instrument."

Did Training Make a Difference? A Study of the Factors that Influence the Integration of Training into Child Welfare Practice

by Bernard S. Weiss

Introduction

The practice of evaluating training programs at their conclusion provides various types of feedback information. Evaluation reveals whether instructors were well prepared and able to present their materials in ways conducive to learning; whether the stated program objectives were achieved within the time allotted for training; whether the training content was relevant to the learning needs of participants and whether they anticipated utilization of the training content in practice.

But the long-range effects of training regarding integration and utilization can only be surmised upon completion of the training program. Did participants add to their usable skill repertoires? Do they know when and how to use the newly acquired skills? Do they feel more knowledgeable, confident or able as a result of the training experience? Are they better able to cope with problematic practice

situations that were studies during training? Is the employing organization receptive to the influx of new ideas and methodologies which may promote change? Does the organization actively support the integration of knowledge and skills into organizational practice? The typical evaluation does not provide answers to this array of questions which pertain to training's aftermath.

The opportunity to perform evaluative and exploratory research for answers to these questions came with the award of a training grant for a project involving the development of a child welfare manpower to implement Title XX services.* The major objective of the project was to expand, strengthen and update the knowledge base and skills of child welfare management and direct services personnel in relation to three national training priorities: comprehensive social service planning, administration and management of child and family service programs and delivery of preventive social services to children and families. The project is described in greater detail below.

Basic Assumptions Underlying the Research Project

Three assumptions guided the development of the evaluation research project.

First, training is an educational activity whether it is performed by public, voluntary or profit-making organizations, by colleges and universities, or by special purpose training centers. The training

*Grant #85-P-95857/5-01 awarded by the Social and Rehabilitation Services, USDHEW, to the College of Social Work, The Ohio State University, Columbus, Ohio. The Project was developed and implemented by the College's Continuing Education Program in FY 1976-1977.

experience is shaped by the same variables which shape any form of adult education: the educational goals and objectives, the training program, the characteristics of the instructor, the curriculum content and its relevance to the functions and training needs of consumer organizations or individuals, and the personal learning needs and motivational characteristics of the participants. These variables are operative whether training occurs on a university campus, in an office or within sight and sound of an assembly line. The educational aspects of training are constant even though they may be influenced, modified or confused with the functions, problems and conflicts of the organizations which sponsor the training.

Second, the utilization and integration of training into organizational practice is conceptually and operationally different from the training experience; it is shaped by different variables which are operative in the organizational milieu. Utilization and integration begin with the transfer of learning from the classroom to the work situation. The testing of knowledge and skills acquired in training and the integration into individual practice styles are functions of organizational structure and behavior. Consequently, integration of training depends not only on what happens in the classroom during training, but what happens to participants after returning to work. Their ability to competently utilize knowledge and skills may depend on such diverse variables as the organization's commitment to change, the organization's structured efforts to promote the utilization of training, the participant's relationships with managers, supervisors, clients, peers, and the participant's perceptions of the organization's tolerance for innovation and change.

Third, the integration of training can be conceptualized as a three-stage process consisting of training, action and integration. The first stage, training, is coterminous with the training/learning period when participants acquire the knowledge and skills that will be introduced into practice. The second stage, action, is completed when participants apply and test knowledge and skills in practice situations. The third stage, integration, is performed as knowledge and skill become a part of the individual's practice style and are used appropriately in administrative and/or direct service practice. Included in the third stage is the potential for the knowledge and skills introduced through training to alter organizational practice norms.

The Child Welfare Training Project To Implement Delivery of Title XX Services

The Child Welfare Training Project, FY 1976-1977, provided a total of seven training programs which were presented between January and May, 1977. Two short courses, each 24 hours in length, were developed for child welfare administrative personnel. These included "Assessing the Needs of Communities" and "Utilization of Manpower for Child Welfare Services Delivery." Three short courses of the same length were developed for direct services personnel. These included "Foster Placement: Separation and Return," "Assessing the Needs of Families and Children" and "Treatment of Child Neglect and Abuse." In addition, two-day workshops on "Contract Negotiations and Monitoring" and "Safeguarding the Legal Rights of Children" were developed for administrative and direct services personnel respectively.

Each short course provided three consecutive days of instruction during which participants received intensive training in building a knowledge base and skill repertoire in the subject or problem area. They returned to their agencies to carry out assignments which focused on the application of this training, then returned to the classroom four to six weeks later for a one-day laboratory session to evaluate the experience of transferring the training to the work situation. During the laboratory session, participants received reinforcement, support and further instruction in the application and use of training in relation to the organizational practice climate.

The workshops concentrated on skill development in the designated subjects and were completed in the two-day period. Approximately 350 persons attended the programs.

The Evaluative Research Design

The research evaluation explored the long-range impact of training on the participant population. A three-stage evaluative research design was developed for data collection. The first stage (T_1) occurred at the end of the second day of workshop instruction and at the end of the third day of short course instruction. This stage produced evaluative data relating to the quality and effectiveness of the training experience. The second stage of the project (T_2) was performed at the conclusion of the short course laboratory session. It provided data regarding the action phase of the integration process, i.e., the ability to test and apply training content in the work situation upon completion of the training. The worth of the laboratory session as a learning experience was also evaluated.

The third stage of the project, integration (T_3), was performed in August, 1978, 20 months after the start of the training project. This stage provided information in three areas: recall of the original training experience, the identification of organization and integration of training and an overall assessment of the training impact on the participant's performance and confidence level.

Three specially-designed questionnaires were used for data collection. Participants in short courses completed questionnaires for stages T_1, T_2 and T_3; participants in workshops completed questionnaires for stages T_1 and T_3.

The Characteristics Of The Training Population

The training population consisted of 350 participants at the T_1 stage. Two hundred eighty-eight questionnaires were returned and this number constituted the population for the evaluation project, which has the following characteristics. Seventy-two percent were child welfare workers with primary responsibilities in child welfare services delivery, protective services, adoptions, foster care, etc. Twenty-eight percent were administrative personnel serving in management, planning, fiscal and supervisory capabilities. The population was almost evenly divided among those who worked in county agencies located in metropolitan (40 percent), urban (30 percent) and rural (30 percent) counties. Seventy-two percent (72 percent) had worked for their agencies for less than five years and (75 percent) had less than five years experience in child welfare services. Thirty-two percent held the bachelor of social work degree, held bachelor degrees in psychology, sociology or another discipline;

only 8 percent held the Master of Social Work degree. Approximately 83 percent have had no previous training in child welfare subjects. In general, the demographic data show that the population was young, with less than five years of experience in child welfare and very little explicit education or training to formally prepare them to carry out critical assignments in child welfare agencies.

The most heterogeneously distributed variable was that of the area served. The data established that there were few variations within the population with respect to age, the length of child welfare work experience and the level of specific training to carry out varied assignments in child welfare agencies.

One hundred thirty-five participants completed the questionnaire at the T_2 stage at the conclusion of the laboratory session and 117 returned the follow-up questionnaire at the T_3 stage.* Chi Square (X^2) and the T-test were used to check for statistically significant differences among the respondents at T_1, T_2 and T_3 stages. Neither test revealed any significant differences among participants who responded at T_1, T_2 and T_3 stages. This is accepted as evidence confirming that the data were obtained from the same population at each stage of data collection and that the population is indeed a homogeneous one. We can approach the remaining data analysis with a high degree of confidence that the long-range impact of training at the T_3 stage is being measured against the population that was trained at the T_1 stage.

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*Thirty questionnaires were returned by agencies, indicating that the participants were no longer employed.

Analysis Of The Training Outcomes

Five outcome measures were built into the three questionnaires to measure the contention that an integration of training process was initiated at T_1 and was measurable at T_2 after six weeks, and at T_3, 19 months after training.

The items in each questionnaire required respondents to score their evaluative responses on a seven-point scale ranging from negative to neutral to positive. The outcome variables at each stage were correlated with all other variables and outcome measures at that stage and with all demographic variables. Surprisingly, the educational level variable did not correlate with any other variable! The summated scores of the several items comprising each outcome measure were used for the correlations. Reported below are: (1) the items comprising each outcome measure; (2) the percentage of those responding positively to each item; (3) the items which correlate with the outcome, and (4) the Pearson r.

Outcome I (T_1)

Outcome I was measured at the end of the second day of workshops or the third day of short courses. It consisted of three items which measured the quality and effectiveness of the training experience. The percentages reported for the variables in Outcome I are based on N-288.

1. 77 percent answered that they had acquired or enhanced skills.
2. 75.6 percent answered that they would be able to apply the knowledge gained to their work assignment.

3. 70.1 percent answered that their objectives for the course were met.

Three variables showed a strong correlation with Outcome I: learner expectations about the training experience ($r = .7626$) and the ability of the teacher to keep participants stimulated ($r = .6694$).

Outcomes II, III And IV (T_2)

These outcomes were measured at the conclusion of the laboratory session, four to six weeks after T_1. The percentages reported for the variables in these Outcomes are based on N=135.

Outcome II consists of two variables which address the question of whether the knowledge and skills which were learned at T_1 were tested in practice in the child welfare agency during the interim between T_1 and T_2.

1. 59 percent said that they were able to apply the skills that were demonstrated at T_1 to their work assignment.
2. 57.4 percent said that they were able to apply the knowledge gained at T_1 to their work assignment.

Three variables correlate with Outcome II: relevance of the content to the work assignment ($r = .5438$), personal factors in the participant's life ($r = .5071$) and the laboratory as a helpful learning experience ($r = .5017$).

It is interesting to note the difference between Outcomes I and II, i.e., the drop of 20 percentage points between the intent to apply knowledge and skill at T_1 and the actual attempt at utilization of knowledge and skill at T_2.

Outcome III consists of five items which asked participants to respond to five factors which, in their view, facilitated or slowed the transfer of knowledge and skill to the work situation in the four to six-week interim between the training experience and the laboratory session.

1. 89.5 percent felt that their personal level of understanding facilitated the transfer of training.
2. 86.5 percent felt that the quality of instruction facilitated the transfer of training.
3. 74.5 percent felt that the relevance of the course content facilitated the transfer of training.
4. 63.5 percent felt that personal factors facilitated the transfer of training.
5. 53.6 percent felt that the agency where they worked facilitated the transfer of training.

Three variables correlate with Outcome III: the application of knowledge in the work situation ($r = .6052$); the application of skills in the work situation ($r = .5798$), and the laboratory session as a helpful learning experience ($r = .5009$).

Of interest in Outcome III is the identification of personal understanding and the quality of instruction as the major facilitative factors and the agency as the least facilitative in the transfer of training.

Outcome IV consists of three items which measure the value of the laboratory session as a learning experience.

1. 83.7 percent reported that the laboratory session was a worthwhile learning experience.

2. 82.2 percent felt that their understanding of the subject studied had increased.

3. 78.5 percent reported that the laboratory session would help them in their work. One variable correlates with Outcome IV: the quality of instruction ($r = .5051$).

Intervening Variables and Integration

A. Because of the 20-month gap between the beginning of training in January, 1977, and the circulation of the followup (T_3) questionnaire in August, 1978, two items in this questionnaire solicited information about the participant's recall of the original learning experience. Ninety-eight percent of the 117 respondents reported that they had sufficient recall to respond accurately to the items in the questionnaire and 80 percent listed two or three administrative or direct services-related skills in use at T_3, which was learned in a short course or workshop they had attended.

B. The questionnaire elicited data about the participant's perceptions of their agency's commitment to change through the utilization of new ideas and skills.

1. 43.6 percent felt that the agency is not committed to change.

2. 41.9 percent felt that the agency is committed to change.

3. 14.5 percent were neutral on this item.

C. In pursuing participant's perceptions of the agency's role in the integration of training, the questionnaire probed for five organizational factors and seven personal factors which were perceived as encouraging or discouraging utilization and integration of

training. These factors are listed below, together with the frequency of responses and the percentages of positive responses to each item. (Not all items are reported due to low frequencies.)

TABLE I:

ORGANIZATIONAL FACTORS WHICH ENCOURAGE INTEGRATION OF TRAINING

Factors	No. of Responses	Encouraging
Peers	102	68.9%
Supervisors	96	65.6%
Executives or Unit Chiefs	74	48.7%

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TABLE II:

PERSONAL ATTITUDES WHICH ENCOURAGE INTEGRATION OF TRAINING

Attitudes	No. of Responses	Encouraging
About the Clients	98	83.6%
About the Job	104	74.9%
About Peers	91	69.9%
About the Supervisor	92	55.9%
About the Agency	102	51.9%
About the Agency Administration	94	37.2%

The overall appraisal of the data in Tables I and II suggests that this population feels most positively encouraged toward utilization and integration of training by the persons with whom they work

and/or interact most closely, i.e., supervisors, peers and clients. The agency (as an organizational entity) and the agency administration are perceived as discouraging influences on utilization and integration of training.

Outcome V

This outcome, which was measured at T_3, registers participants' opinions about the long-range effects of the training experience. This outcome consists of two items; the reported percentages for them are based on N=117.

1. 70.2 percent reported that in the long run, they felt more confident, achieved a greater sense of satisfaction about their performance as a result of participation in the training experience.
2. 66.1 percent felt that in the long run, they were better able to handle administrative or service delivery problems that were dealt with in the training experience.

Five variables correlated with Outcome V: the training experience enlarged understanding of the subject ($r = .5938$), better understanding of work-related problems ($r = .6761$), the skills learned were relevant to practice ($r = .5938$), a clear recall of the skills which were taught ($r = .5928$) and a content was relevant to work over a period of time ($r = .5836$).

This outcome and the variables which correlate with it indicate that participants were able to discern the long-range impact of the training in which they took part. It appears, therefore, that improved problem-solving and a higher level of confidence in practice are related to training which is relevant to practice.

Finally, stepwise multiple regressions were performed in relation to the five outcome measures. Only certain factors accounted for the variability in the outcome measures. Among these, personal factors accounted for most of the variation in Outcome V. The aggregate results of the several statistical tests, Chi Square (X^2), the T-test and multiple regressions confirm that the population tends toward homogeneity.

Discussion and Conclusions

The review of the outcome measures and selected individual variables from each questionnaire offers confirmation for the assumptions that were stated at the onset of this paper. Two major conclusions can be stated.

First, the data obtained at each stage of collection provided evidence that a process of action and integration is initiated through training.

Second, the T_3 data showed very clearly that quality training can initiate long-range consequences within the organizations where participants were employed. This is evident in the proportion of the T_3 population which linked: (1) improved levels of understanding; (2) utilization of specific skills; (3) the ability to handle work-related problems, and (4) increases in job satisfaction and confidence related to specific training programs taken almost two years before.

The isolation of personal factors as a major element in the long-range outcome is a significant finding, particularly since it is linked to two Outcome measures (II and V). It needs to be explored further. What also clearly emerges through the perceptions of the

participants is the low profile of the agencies as facilitators in the utilization and integration of the training product. The organizational, as distinguished from the individual, response to training needs to be explored further in terms of developing organizationally significant facilitative roles in support of utilization and integration of training products.

BIBLIOGRAPHY

Belasco, James A., and Harrison, Trice M. The Assessment of Change in Training and Therapy. New York: McGraw-Hill, Inc., 1969.

Byers, Kenneth T. Employee Training and Development in the Public Service. Public Personnel Association, 1970.

Gardner, James E. Helping Employees Develop Job Skill. Washington, D.C.: The Bureau of National Affairs, Inc., 1976.

Granvold, Donald K. "Training Social Work Supervisors to Meet Organizational and Work Objectives," Journal of Education for Social Work, Vol. 14, No. 2 (Spring 1978).

Kirkpatrick, Donald L. Evaluating Training Programs. American Society for Training and Development, Inc., 1975.

Saint, Avice. Learning At Work. Chicago: Nelson-Hall Co., 1974.

Zimmerman, Shirley L. "Continuing Social Work Education: Why do Social Workers Participate in Continuing Education Programs?" Journal of Education for Social Work, Vol. 14, No. 2 (Spring 1978).

Data-Based Comparisons of the Effectiveness of Current Evaluations of Research Strategies

by Michael D. Bremseth, Phyllis D. Betz and Cheryl Prevot

INTRODUCTION

The purpose of this paper is to provide training evaluators with a data-based assessment of the efficacy of current evaluation strategies.

Texts and articles on evaluation universally stress the relative inadequacy of after-only research designs, compared to research designs which approximate a true experimental design. Unfortunately, many evaluators of human service training continue to use such inadequate and often misleading post-hoc research designs. It was our belief that continued reliance upon such strategies stemmed from the lack of empirical data demonstrating specific inadequacies. As we had suitable data from a rather complete evaluation of training, we decided to compare evaluation strategies in order to provide a reliable assessment of common techniques.

Kirkpatrick (1975), developed a four-step model to evaluate training programs which served as a useful guide in the design of

this research effort. His first step is easy to implement and probably the most commonly used, while the other steps allow for more complex analysis but are more difficult to implement. The first three steps were used in our research project; the fourth was beyond the bounds of the present research effort. The first step, the Reaction Step, is a measure of the participant's satisfaction with the training. This is often referred to as a "happiness" measure and may include some background data. Data collected at this level are usually an after-only measure. The Learning Step is a measure of which principles, concepts, facts, tasks and techniques were understood and absorbed by participants. Data collected at this level should include both pre- and post-test measures. Without a pretest the evaluator has no means of determining what knowledge a participant already had prior to training. The Behavior Step is a measure of training effectiveness as it specifically relates to a participant's behavior on the job. This step determines whether the training actually changed the participant's performance on the job. Data collected at this level should also include both pre and post measures if the evaluator desires to measure change in job performance. The last level in Kirkpatrick's model is the Results Step, which is a measure of the attainment of the overall goals of the training. This usually means a measurement of change at the organizational level and should include pre/post measures. As previously mentioned, various factors prohibited us from attempting any analysis at this level.

THE TRAINING

The Office of Continuing Social Work Education, the University of Tennessee School of Social Work, under a 426 Child Welfare grant, trained approximately 170 first-line supervisors for the Tennessee Department of Human Services in a 30-hour training program. The training program was conducted throughout the state during the winter and spring of 1977. Of those trained, 118 respondents completed survey instruments which were adequate for analysis.

The goal of the training was to increase the effectiveness of the supervisors in their roles as leader, teacher, manager, evaluator and consultant, in order to improve social service practice provided to families in Tennessee.

Tables 1 through 4 present background characteristics of the 118 supervisors.

METHODOLOGY

Data Collection

Data from four separate questionnaires were used in this study, and each participant was given an ID number that served as the code number to match all questionnaires administered. In order to obtain relevant background information from the participants to be used later in explanatory analysis, a general information survey was administered on the first day of training. A Participant Evaluation of Training Program questionnaire was designed to elicit information on items such as rating the instructor, the facilities and the overall program. This instrument was administered on the last day of training. To test knowledge gained from the training program, a pre-

TABLE 1

AGE DISTRIBUTION OF RESPONDING SUPERVISORS

Years	Percent	Cumulative Percent
20 - 25	3	3
26 - 30	23	26
31 - 35	21	47
36 - 45	28	75
46 - 55	17	92
over 55	8	100
Total Respondents	118	

TABLE 2

SEX DISTRIBUTION OF RESPONDING SUPERVISORS

	Percent	Cumulative Percent
Females	86	86
Males	14	100
Total Respondents	118	

TABLE 3

YEARS AS A SUPERVISOR

	Percent	Cumulative Percent
less than 1	19	19
1 - 2	27	46
3 - 4	24	70
5 - 6	15	85
7 - 10	5	90
over 10	10	100
Total Respondents	114	

TABLE 4

EDUCATIONAL LEVEL OF SUPERVISOR RESPONDENTS

	Percent	Cumulative Percent
less than BA/BS	6	6
BA/BS	75	81
BA/BS (HUMAN SERVICES)	9	90
BSW	2	91
MA/MS	3	94
MSW	6	100
Total Respondents	116	

and post-Knowledge Test instrument was administered on the first and last day of training. This instrument included 35 items adapted from information in the training manual. The knowledge test was composed of statements requiring the participants to respond on a five point Likert scale from "strongly disagree" through "strongly agree". The Before Knowledge Score was substracted from the After Knowledge Score to obtain a Total Knowledge Change Score.

A Survey of Supervisory Activities was administered to caseworkers whose supervisors were participants in the training program. The survey was administered prior to training and again nine months after the completion of the training program. The questions were designed to elicit information on the supervisor's administrative, educational, supportive and evaluative functions, as well as frequency of supervisory conferences. Caseworkers were given a list of common supervisory activities and were asked to rate how frequently their supervisor performed the following activities. The scale used ranged from "Almost Always" (80 percent or more of the time) to "Never" (0 percent of the time).

The data from these questionnaires were analyzed using SPSS on the University of Tennessee Computer Center's DEC system 10 computer.

1. The Reaction Step

Using data from the satisfaction questionnaire, a Rating construct was created by combining responses to three items to reflect the general satisfaction with the training program. The items related to (1) relevancy of course materials, (2) helpfulness of course

content on the job and (3) value of the program as a whole. The possible values ranged from 3 through 18.

2. The Learning Step

Three categories of knowledge change were established to facilitate analysis. Those participants whose Total Knowledge Change (TKC) scores were -1 or less constituted one category while those whose scores fell between 0 and +10 constituted the second category and finally those having scores of +11 or more constituted the third category. A significant knowledge change for the respondents as a group (derived from the T-test formula) was found to be any change in the average knowledge level greater than 1.42 questions better or worse. That is, a change that would come about largely by chance less that five times in 100. For an individual respondent, any change in TKC greater than five questions better or worse would be a significant change (derived from the X^2 formula). The TKC scores ranged from -20 thru +25.

3. The Behavior Step

The T-test statistic was also utilized to determine if the mean values of the workers' pretest assessments of their supervisors' performances were significantly different from the mean values of the post-test.

The response rate from the caseworkers post-test was somewhat less than expected, which was in part due to a high turnover rate of workers at TDHS. Therefore, of the 118 supervisors, only 53 which matched caseworker responses were available for analysis.

RESULTS

Descriptive Analysis

1. The Reaction Step

The responses obtained from the Participant Evaluation of Training Program questionnaire were overwhelmingly positive. Overall, the respondents' rating of the instructor was 82 percent "excellent," 14 percent "good" and only 4 percent "fair". There were no "poor" ratings given. Likewise, 71 percent of the 118 participants rated the overall program as "excellent," 22 percent as "good," 6 percent as "fair" and only 1 percent as "poor." Frequencies obtained for the Rating construct were similar. Responses to items concerning appropriate communication of time, place, etc., number of breaks and length of sessions were generally over 90 percent positive.

If the evaluation of this training program were based solely upon this first evaluative step--which is a common practice--the evaluator could conclude that the training was very effective. However, the evaluation would perhaps be highly misleading. The problem for the evaluator is that the use of only these results does not allow for a sure conclusion of the worth of the training. That is, the training may have actually been very satisfying to the participants but it does not determine if the training affected the participants knowledge or their ability to apply that knowledge on the job. It may be incorrect to assume that high training satisfaction equals positive knowledge gain and change in performance behavior. Needless to say, Reaction Step methodology alone cannot answer this question.

2. The Learning Step

The pre-test data indicated that respondents were relatively knowledgeable at the start of training. If an after-only measure of knowledge were used, the results would definitely be misleading. Table 5 presents the distribution of the after-training knowledge scores (which is all one would have using an after-only measure of knowledge). Table 6 presents the distribution of TKC scores (which require pre- and post-test measures). Using after-only data, one might conclude that training was very effective, since over half of the participants scored 135 points or higher, out of a possible total of 175. However, pre- and post-test measures allow one to see a much more valid picture of the training, in that:

1. The "Before Knowledge" mean score was 130, only five points less than the "After Knowledge" mean score.
2. Twenty percent of the participants actually demonstrated less knowledge after the training than before.
3. Contrary to first thought, the people who had higher knowledge before the training learned more than those who had lower knowledge.

Using the T-test formula cited previously, comparisons between the before and after scores demonstrate that a significant amount of learning occurred. (Recall that any change of the average knowledge level greater than 1.42 questions would be significant.) Total Knowledge Change (TKC) scores showed a mean change of 5.220--a significant change.

TABLE 5

AFTER KNOWLEDGE SCORES

Score	Percent	Cumulative Percent
110 - 119	5	5
120 - 129	18	23
130 - 139	49	72
140 - 149	19	91
150 - 159	8	99
[illegible] +	1	100
Total Respondents	118	

TABLE 6

TOTAL KNOWLEDGE CHANGE (TKC) SCORES

Score Change	Percent	Cumulative Percent
-20 - -1	20	20
0 - 10	54	75
11 +	25	100
Total Respondents	118	

However, we still have not established whether evaluations using Steps 1 and 2 would be valid and sufficient. If the training evaluation was based entirely on data collected using Steps 1 and 2 methods, the evaluator could again conclude that the training was effective, based on high participant satisfaction and a significant knowledge gain by participants. But, the evaluator's conclusion might still be misleading if it is assumed that increased knowledge affects performance behavior on the job. An analysis of the data from the behavior step is required to determine whether participants can apply the knowledge to their jobs.

3. The Behavior Step

An analysis of the pretest data at this level indicated that workers described their supervisors as high performers on the supervisory activities delineated in the questionnaire. This was an unexpectedly high rating, given some of the informal feedback we had received from small group meetings with workers and state office personnel. One can speculate on several probable causes of this "halo effect": (1) the workers were afraid their supervisors would penalize them if they rated them low; (2) they liked their supervisors personally and were reluctant to be critical of their job performance; or (3) they lacked the necessary knowledge to make an appropriate appraisal. Unfortunately, this step of the analysis was weakened by this effect because there was little room for performance improvement as judged by the workers.

The post-test data did reveal an interesting finding. An analysis of the differences between the means of pre- and post-test items

rating supervisory functions showed that only two items were significantly changed: (1) adequately distributes caseload ($p. < .05$) and (2) is available to workers outside regular conference times ($p. < .05$). However, in both instances, the change was for the worse, i.e., significant decline in performance behavior. That is, on these two items, the supervisors performed worse after the training, based upon worker information. On the other items, their was no change, either for better or worse.

One could postulate many reasons for the lower post-training ratings on these two items and for the lack of any significant improvement overall. One such consideration might have to do with the simultaneous training of the workers during this evaluative process. The workers may have redefined their expectations of the functions of their supervisors. A second consideration, must also be examined, namely, that for whatever reasons, supervisors were in fact performing at a lower level on those two items than during the pretest. A third consideration could be the fact that supervisors were rated at such a high level before the training that "significant" improvement was pragmatically impossible. Regardless of which explanation one might favor, some explanation is obviously crucial, since these findings could be used as prima-facie evidence of the failure of the training, contrary to findings previously mentioned in level one and two.

Explanatory Analysis

An evaluator would indeed be more confident that training was effective if the data collected from the third step confirmed the

findings of levels one and two. If we had gathered and analyzed data only at steps one and two, we probably would have assumed that since the supervisors were highly satisfied with the training and had a demonstrated knowledge change as a result of the training, they would apply that knowledge/skill to their jobs.

Utilizing data obtained for all of Kirkpatrick's steps then yields paradoxical results. We have reliably established that the trainees were very satisfied with the training; they experienced a significant increase in job-related knowledge; but seemingly did not apply this knowledge on their jobs. This leads quite naturally to the question this research was designed to answer, i.e., to what extent do certain of the methods used yield inadequate and invalid results.

While descriptive analysis could provide information on the distribution of, and relationships between, a variety of variables, using techniques such as frequency distributions, T-test, crosstabulations, etc., descriptive analysis cannot provide an explanation. Consequently, we have used an explanatory data analysis technique to analyze this data, in order to provide a measure of the efficacy of each evaluation strategy.

The explanatory or causal technique we used was standardized multiple regression analysis.

> Regression analysis allows one to explain or predict the effect of one variable on another. Standardized regression produces a number, called the Beta which is an estimate of this impact in terms of standard deviation units. Standardized multiple regression is an extension of this technique to a larger number of independent or explanatory

variables. In the multiple regression case, the Betas represent the effect of the independent variables with the effects of all other variables in the regression equation held constant, or "controlled." Since the coefficients are standardized, it is possible to directly compare the relative influence or explanatory power of each independent variable.

One advantage of this mode of analysis is that by controlling or holding constant a number of independent variables, it is often possible to discover that some variables, which appear to be important predictors of the dependent variable--based on simple correlations (or other descriptive techniques)--actually have little or no influence. In other words, the presumed causal relationship between the "predictor" variables and the dependent variable may be in reality, only an accidental relationship, i.e., a "spurious relationship." These spurious interpretations can then be eliminated from consideration and a better explanation can be developed. (Clelland and Bremseth, 1977:14)

Regression Data

Given the inherent theoretical weakness of after-only measures--which are normally used in "satisfaction" evaluations (Step 1)--we attempted to locate factors which might be associated with or bring about the tremendously positive (and, as we suspected, inflated) ratings given our training.

TABLE 7

FACTORS WHICH EXPLAIN
RESPONDENTS' RATING OF THE TRAINING

FACTOR	R	PRE	BETA
Rating of Instructor	.75	39	.52
Appropriate Information	.27	6	.22
Appropriate Session Length	.44	9	.20
Balance Between Theoretical and Practical	.58	11	.19
Read Course Materials	.36	6	.17
Over-all After Knowledge	.33	4	.12
Over-all Before Knowledge	N.S.	0	N.S.
Over-all Knowledge Change	.30	0	N.S.
Age	N.S.	0	N.S.
Sex	N.S.	0	N.S.
Educational Background	N.S.	0	N.S.
Years Worked for DHS	N.S.	0	N.S.
Years as a Supervisor	N.S.	0	N.S.
Appropriate Number of Breaks	.34	0	N.S.
Good Physical Facilities	N.S.	0	N.S.

Beta is a standardized partial-Regression coefficient, which indicates that a change of 1 standard deviation unit in the explanatory variable will lead to a change of Beta standard deviation units in rating of training. This is an independent effect, i.e., the effects of all other variables in the equation have been controlled.

PRE (Proportional Reduction in Error) is the percent of the variation in rating which is explained by the explanatory variable. The total PRE (adjusted for number of variables and sample size) is 73 percent.

R is the Pearson product-moment correlation coefficient between the explanatory variable and rating.

Unless marked not significant (N.S.), all Betas and R's are significantly different from zero, $p. < .05$ (F-test for Beta, T-test for R).

As crosstabular analysis did not suggest biographical causal factors, regression analysis was used to determine factors which would explain the respondent's rating of training. (See Table 7) The rating given to the training instructor emerged as the greatest determining factor (Beta = .52) in explaining the respondents' rating of training. The next most important factor--feelings concerning appropriate information regarding location, time, place, etc. (Beta = .22)--has less than half the impact of the rating of the instructor. The findings of our previous crosstabular analyses were confirmed, in that none of the biographical characteristics of the participants, e.g., age, sex, educational background, etc., were significantly related to Rating.

Consequently, we have established that the most important consideration in having very satisfied students in training is to have an instructor who is rated highly by those students. In sum, an evaluator can confidently defend the significance of the instructor for satisfactory training, and the evaluator can just as confidently be assured that rating the satisfaction with the instructor or the training in general are virtually one and the same thing.

Quite naturally, the evaluator must also have confidence that the rating of the instructor or the training (which can easily be established with Step 1 type strategies), is a sure indication that the students learned something or increased their skills. Simple univariate analysis would seem to confirm that this is the case to some extent, since significant relationships between TKC and certain reaction step variables were found to exist.[2] These relationships were:

1. overall rating of instructor (r=.21).
2. overall rating of program value (r=.30).
3. satisfaction with the course materials (r=.19).
4. satisfaction with balance between theoretical and practical content of course (r=.22).
5. belief that course content will help on the job (r=.32).

However, several reaction step variables which were significantly related to the respondents rating of the training were not significantly related to Total Knowledge Change. They are:

1. satisfaction with length of training sessions.
2. satisfaction with communication regarding course content, time, and location.
3. satisfaction with the amount of breaks during the training session.
4. satisfaction with the physical facilities.

Since several reaction step variables were found to be significantly related to Total Knowledge Change, it was somewhat unexpected to find that when regression analysis was conducted to determine if these associated factors had causal or explanatory signficance, only 16 percent of the variation in over-all knowledge change could be explained by causal factors.[3] Table 8 gives those variables which had a significant influence on the dependent variable - Total Knowledge Change.[4] The overall rating of the training program emerged as the highest determining factor (Beta = .32) in explaining the respondents total knowledge change. However, the predictive power of this variable is exceedingly weak.

TABLE 8

FACTORS WHICH EXPLAIN
OVER-ALL KNOWLEDGE CHANGE

FACTOR	R	PRE	BETA
Rating of Training	.30	9	.32
Over-all Before Knowledge	-.22	6	-.28
Educational Background	.15	3	.18
Appropriate Information	N.S.	0	N.S.
Appropriate Session Length	N.S.	0	N.S.
Balance Between Theoretical and Practical	.22	0	N.S.
Read Course Materials	N.S.	0	N.S.
Age	N.S.	0	N.S.
Sex	N.S.	0	N.S.
Years Worked for DHS	N.S.	0	N.S.
Years as a Supervisor	N.S.	0	N.S.
Appropriate Number of Breaks	N.S.	0	N.S.
Good Physical Facilities	N.S.	0	N.S.

BETA is a standardized partial-regression coefficient, which indicates that a change of 1 standard deviation unit in the explanatory variable will lead to a change of Beta standard deviation units in over-all knowledge change. This is an independent effect, i.e., the effects of all other variables in the equation have been controlled.

PRE (Proportional Reduction in Error) is the percent of the variation in over-all knowledge change which is explained by the explanatory variables. The total PRE (Adjusted for number of variables and sample size) is 16 percent.

R is the Pearson Product-Moment correlation coefficient between the explanatory variable and over-all knowledge change.

Unless marked not significant (N.S.), all Betas and R's are significantly different from Zero, $P < .05$ (F-test for Beta, T-test for R).

As shown in Table 8, several of these variables were significantly related to the dependent variable and yet did not substantially influence the dependent variable, i.e., these relationships did not explain respondents' overall knowledge change.

These "negative" findings are important to note, as measures of these factors often have been used to indicate success of a training program.

CONCLUSIONS

Analysis of the data collected using methods appropriate for Kirkpatrick's first two steps yields the following conclusions about the validity and sufficiency of several of the methods currently used for training evaluation:

1. Step 1 (satisfaction) measures:
   a. can validly and sufficiently measure the participants' satisfaction with the training;
   b. may be after-only measures;
   c. are not sufficient to indicate whether or not the training significantly increased demonstrated knowledge;
   d. are not sufficient to indicate whether or not the training was transfered to the participants' job performance;

2. Step 2 (learning) measures:

   a. must be pre/post measures;

   b. provide data sufficient to determine whether a significant demonstrated knowledge change occurred;

   c. are not sufficient to determine whether the knowledge was transfered to the participants' job performance.

FOOTNOTES

1. Subsequent research has shown the the characteristic of an instructor which is most likely to produce a high over-all rating is the ability to keep the training "interesting and lively".

2. Surprisingly, 'Reading the course materials' was not found to be significantly related to TKC. However, almost 60 percent of those with the greatest knowledge change indicated that they read all of the course materials while only about 30 percent of those who scored worse on the post-test indicated they read all of the course materials.

3. While explaining 16 percent of the variance is regarded in many studies as a very respectable prediction, we choose to regard this level as essentially adding little to our existing knowledge.

4. In order to minimize the effects of multi-collinearity, we eliminated a number of variables so that none of the independent variables were correlated at .40 or greater.

REFERENCES

Donald L. Kirkpatrick, "Techniques for Evaluating Training Programs, in Evaluating Training Programs, compiled Donald L. Kirkpatrick (Madison, Wis: American Society for Learning and Development, Inc., 1975).

Donald A. Clelland and Michael D. Bremseth, The Status of Student Concerns and Involvement Regarding the Clinch River Breeder Reactor Plant Project--An Explanatory Model. (Knoxville, TN: College of Engineering, 1977).

Assessing Teacher Effectiveness in Continuing Education

by Margaret Gibelman*

The relative success or failure of continuing education programs is, in large part, contingent upon the effectiveness of the adult educator. There is a dearth of empirical evidence about the variables associated with "good" teaching, e.g., is teacher effectiveness in continuing education more a measure of personal style, competence in a content area, or some as yet unknown combination of these variables? This paper will present a schema for establishing criteria of continuing education teacher effectiveness. The design and implementation of a "teacher effectiveness rating instrument" will be reviewed. Also, the trends and patterns emerging from an initial application of this instrument will be explored to suggest possible criteria for assessing teacher effectiveness and further research directions.

*The author wishes to express appreciation to colleagues Peggy deWolfe and Nancy A. Humphreys for their valuable assistance in construction of the rating instrument and in analysis of the data.

The Teaching Role in Continuing Education

The teaching role in continuing education must be considered within the context of a flexible education system, exempt from the restrictions, boundaries and accountability procedures of traditional degree-granting programs. Continuing education encourages experimentation and innovation, particularly in regard to the teacher-learner interaction. The shifting concern from teaching to learning is implicit in the concept of "andragogy," a philosophical and practice base for adult education. However, the application of andragogy is dependent upon adult educators who have the ability to apply such principles to the educational process. Knowles claims that the character of the learning process is probably influenced by the behavior of the teacher more than any other single variable.[1]

The teaching role in continuing education is further influenced by the short-term nature of most offerings. Students in full-time degree programs are exposed to a variety of learning experiences and teachers; their evaluation of the educational experience is based on selective experiences drawn from among many learning encounters.[2] On the other hand, Rothman points out that:

> Students in continuing education, by contrast, more often are exposed to a single learning experience, a single teacher and for a limited length of time. Thus, credibility of continuing education as a significant force in education for the profession, or for problem solving through education, is precariously tied to outcomes derived from particular, often isolated, educational offerings and specific learning-teaching encounters.[3]

She further notes that while no educational program can be assured of success, the effectiveness of the teacher is a critical variable in achieving desired outcomes.[4]

Several other factors, unique to continuing education, contribute to the significance of teacher effectiveness in the overall success of a program. The rewarding of academic credit is absent; the incentive for participation may vary from licensure and recertification requirements, or agency mandates, to high personal motivation to upgrade knowledge and skills. The incentive for further participation in continuing education will often depend on the students' experiences, and their perceptions of the quality of the programs offered. The effectiveness of the instructor is a critical factor in shaping the students' perceptions of quality.

Financial arrangements in continuing education also accentuate the importance of teacher effectiveness. Most commonly, continuing education programs are financed either through grants and contracts (in which case refunding is dependent upon meeting specified standards) or through the open market, wherein costs are borne by the participant or by an agency on behalf of an individual. The proliferation of continuing education program sponsors has resulted in a highly competitive market among available programs. Those programs with better reputations and higher quality ratings, often assessed in terms of the teaching faculty, will be the programs that attract consumers and maintain their marketability. The commercialization of continuing education (for better or worse) enhanced the need for a high quality teaching staff; the reputation of teaching faculty can assist in recruiting students. The technical qualifications of the teachers, including their "style" became important assets.

Although teacher effectiveness is understood to be a critical factor in the success of continuing education programs, there are no systematic mechanisms for screening effective teachers. Instead, assessment tends to occur after instruction, and in the context of the subjective evaluation of program administrators and the more formal evaluation by participants. Just as important, continuing education has encouraged the use of teaching personnel from the field of practice. Traditional methods of recruiting, selecting and evaluating faculty in degree-granting settings may not be applicable; such criteria need to be redefined and differentiated from standard indicators. As Rothman notes: "If continuing education... is to flourish as a viable instrument for continuing professional growth and improved service delivery, it will have to develop faculty committed and competent to carry out its philosophy and function."[5] However, the absence of systematic indicators of potential effectiveness hinders the development of faculty resources; program administrators tend, by necessity, to use random, "hit and miss" faculty recruitment and selection practices.

Present Patterns-Who Gets Hired and Why?

A 1970 Workshop on Continuing Education identified the following broad criteria for selection of teaching personnel: 1) interest in becoming involved and/or some experience in the teaching-learning situation; 2) still in communication; 3) demonstrated competence in the substantive content area about which the student needs and wants to learn; and 4) flexibility to adjust content and teaching methods within the context of clearly stated objectives.[6] Despite

their delineation, these criteria have not been validated; also absent are mechanisms for assessing their presence among potential teachers. It is likely that those charged with the recruitment and selection of adult educators use the more familiar indicators, e.g., content expertise. However, expertise in a substantive content area does not assure good teaching abilities. As Price notes: "The most revealing feature of talented teachers is in how rather than in what is taught."[7]

In many instances, the pool of potential continuing education teachers is large, particularly since the "credential syndrome" of university teaching is less an issue. The characteristics of this potential pool range from inexperienced continuing education teachers with extensive practice experience, to those with considerable teaching experience, but less practice experience. Frequently, however, the lack of criteria for assessing teacher effectiveness predisposes program administrators to re-hire "known quantities" rather than risk resources and reputation on potential, but unproven, instructors.

A common resource for recruitment of continuing education teachers is the full-time faculty of universities and colleges; it is commonly assumed that those with knowledge, skill and status in an established educational system will bring such assets to the continuing education setting.[8] However, demonstrated success in matriculated education programs is not a reliable measure of potential success in continuing education; the unique qualities of continuing education involve different standards of teacher effectiveness.

For the experienced continuing education administrator, hunches, wisdom and accumulated experience may also operate in the form of an "internalized" rating system to assess the personal and professional characteristics of instructors which are likely to correlate positively with teacher effectiveness. Although the importance of the personal characteristics of faculty is acknowledged and documented, the identification and measurement of such variables remain an undeveloped science.[9] Is it, for example, personal style or competence that is the critical dimension of teacher effectiveness? This dilemma is exemplified in what Lauffer refers to as the "Dr. Fox Syndrome".

> The Dr. Fox Syndrome refers to an educational experiment at a Western medical school in which an actor was introduced to a group of practitioners as an expert in the subject area about which he actually had no substantive knowledge. He nevertheless gave a supposedly informational lecture, for which he had been carefully coached but which was full of nonsense and noninformation. His presentation, however, was lively and spotted with humor. He exuded considerable charisma. The participants in the course not only rated him highly effective as a teacher but indicated that they had learned much from his presentation and would be able to apply what they had learned to their work. Some even claimed to have read some of Dr. Fox's professional articles.[10]

Defining Teacher Effectiveness

Typically, teacher effectiveness is measured by the extent to which students make progress toward achieving some specified educational goal(s); "effectiveness" is commonly assumed to be an outcome measure for comparing program goals and learning results. Teacher effectiveness, then, is associated with a measure of change, or the end product of a cause-effect relationship. The teaching process itself is less frequently considered to be a definable phenomena for

study in its own right. The process of teaching, e.g., ability to communicate content in an interesting way, should be analyzed since it is a critical factor in insuring a positive outcome. When the focus of study is on the process of teaching, teacher effectiveness is measured not by its impact or outcome, but by the characteristics of the teacher's performance and style.

The distinctions between the study of the teaching process (how and what the teacher does) and the teaching product or outcome (results attributable to the teaching-learning experience) are often confused. Frequently, the same terminology is used to refer to both product and process measures. Biddle notes this confusion.

> Competence, for example, has been used to refer to training classes, properties of teachers, behaviors exhibited by teachers, and effects produced by teachers. The same variables have been termed (by other investigators) "effectiveness", "criteria for competence", "ability to teach", and a host of other terms. Research on teacher competence becomes effective only with an agreement upon language and the variables for which words stand. (Emphasis in original)[12]

The effects of the teacher, e.g., his/her presentation of self, can and should be studied as a single measure of teacher effectiveness. Accordingly, for purposes of this study teacher effectiveness denotes the effectiveness of an individual instructor in the performance of his/her teaching responsibilities; it refers to the aggregation of a number of individual traits of the instructor which aid or impede the educational process. The goal is to identify and isolate those attributes of the teacher that are positively associated with teacher effectiveness; i.e., specific attributes which are similarly perceived as enhancing the learner-teacher interaction. Such attri-

butes may, for example, refer to the ability of an instructor to hold the interest of students or "engage" the learner meaningfully.

Measuring Teacher Effectiveness

The difficulties associated with educational research on the practice of teaching are well documented.[13] Walberg, for example, demonstrates the theoretical and procedural difficulties involved in a scientific approach to the study of teaching.[14] Feldman suggests that an alternative approach to relying on outcome measures for the evaluation of teaching effectiveness is to evaluate selective teacher attributes associated with teaching effectiveness. He goes on to caution, however, that the utilization of this evaluative approach is dependent upon the ability to define generally acknowledged attributes of effective teaching.[15]

A series of methodological dilemmas concerning the measurement of teacher effectiveness persist. The dearth of scientifically validated knowledge as to what constitutes good teaching qualities perpetuates the tendency to rely on untested assumptions. However, such assumptions may be idiosyncratic to individuals, or otherwise prone to individual or collective subjectivity. Also lacking is a clear overall conception of effective teaching; i.e., what is teacher effectiveness? It is assumed, for example, that "warmth" is an important attribute in the teaching process. Unfortunately, there is no empirical evidence that proves that "warm" teachers have an effect upon students that is different (let alone "better") from the effect produced by a teacher lacking this quality.[16] This problem is further compounded by the fact that key participants in the educational

process--administrators, students, colleagues and instructors--may differentially value certain qualities of teaching; what is an important dimension to one, may not be to another.[17]

To further compound the dilemma about what to measure is the fact that how to measure is also a subject of dispute. For example, while there may be a consensus that "enthusiasm" is an important component of teacher effectiveness, what is enthusiasm, and how is it evident in the behavior of a teacher? Also, some observers may label certain behaviors as "enthusiam" while others will observe the same behavior but label it something else. Obviously, there are no mechanisms for directly quantifying or qualifying warmth, knowledgeability, charisma, etc. However, one can tap the perceptions of people regarding the presence or absence of such qualities, as well as the extent to which they are present in a given example of teaching.

Another concern is the degree to which intervening variables can be controlled. For example, many factors impinge upon the process and outcome of a training program (e.g., involuntary program participants, poor training facilities) which have nothing to do with teaching, per se, but which will affect that process. Just as important, the subject matter of the training, e.g., "Human Sexuality" or "Skills of Supervision," may elicit different reactions which are independent of the style, personality or content expertise of an instructor.

Constructing A Teacher Effectiveness Rating Instrument

The methodological dilemmas of assessing teacher effectiveness rather than justifying the continuance of current recruitment, selec-

tion and evaluation procedures, necessitate a systematic and incremental study approach. The author sought to develop an instrument that would differentiate between two variables commonly associated with teacher effectiveness. The instrument utilized in this study is designed to rate attributes that represent personality, defined as the style and characteristics of the presenter, and competence, defined as the appearance of knowledgeability. To the extent that these attributes are found to be commonly perceived among a responding sample, they may, upon further study, serve as criteria for measuring teacher effectiveness. The dimensions included in the instrument were derived from several sources, including common literature references and the personal opinions of selected continuing educators. Once developed, the instrument was administered to a sample of continuing education specialists.

The rating instrument included thirteen questions, each of which addressed a single attribute related to either personality or competence. Six of the 13 questions were designed to rate attributes of the instructor's personality. Attributes considered in relation to this variable included: warmth, charisma, the ability of the instructor to hold interest, the openness and willingness of the instructor to share his/her own experiences, delivery style, and an overall assessment of the instructor's personality in terms of maturity, openness, sensitivity and genuineness.

A second group of seven questions, labeled as competence, asked respondents to rate the extent to which the instructor appeared to be knowledgeable about the subject matter. Questions pertaining to competence included: an instructor's comfort with the con-

tent, the freedom and ease of presentation, the ability of the instructor to adapt the content to the needs of the learners, ability to strike a balance between theory and practical concerns, use of language, regard for the applicability of the content, and the balance between substantive facts and personal opinions.

After identifying those attributes seemingly most critical, it was necessary to arrange them on a rating instrument. To do so, a nine point (1-9) rating scale was developed. The instructions indicated that respondents should interpret ratings 1, 2, and 3 as below average, 4, 5, and 6 as average, and 7, 8, and 9 as above average. Each question was then presented using the nine point scale with language suitable to that particular question. For example, for the question "Is the instructor charismatic? (e.g., dynamic)" respondents were given three designations for the three rating categories, as follows:

1	2	3	4	5	6	7	8	9
Not Charismatic				Moderately Charismatic				Very Charismatic

Each of the questions pertaining to competence and personality were randomly arranged without identification on the rating sheet.

To test the respondents' perceptions of the presence or absence of these attributes in teachers, it was necessary to construct a "test" situation that would allow ratings to be made. A video tape was developed which included selected segments of five instructors

engaged in continuing education teaching; these video "clips" were presented in equal segments, holding constant certain intervening variables. The five instructors were all experienced continuing education teachers who were presenting material to a common learner population through the lecture format. The segments for each instructor were of comparable technical quality, of equal length, and were similar in all respects except that each instructor was, of course, different, and the content covered was different.

Teaching examples to be included in the tape presentation were made from video tapes of instructor's entire presentation. Two independent reviewers, both experienced in continuing education, selected the segments based on the representativeness of the example to the whole of the instructor's presentation. The tape was shown to a conference audience of continuing educators who rated each instructor using the rating instrument.[18]

A total of 27 respondents completed the rating instrument on all five instructors. The majority of the respondents are employed in state agencies or colleges and universities, and are primarily engaged in the administration of continuing education, and to a lesser extent, in direct teaching or research and evaluation. It is likely that this respondent group is representative of those with responsibility for hiring continuing education teaching faculty.

The primary purpose of this test was to determine if response patterns would reflect a differentiation of personality and competence variables. Thus, mean and standard deviation scores were used as the principle tools in the description and analysis of this data. It

was not possible to use statistical tests of significance for sub-groups within the sample due to the small (27) number of respondents.

The Findings

A statistical analysis of the data from the first administration of the "teacher effectiveness rating instrument" indicates considerable respondent agreement on particular questions across the five instructors. More important, the findings reveal that respondents do discriminate between the competence and personality variables; rating scores for each instructor show differential response patterns on these dimensions. Since respondents did not receive instructions on criteria to employ in their ratings, they no doubt relied on their own professional experiences as the basis for making judgements. However, after viewing the earlier examples of teachers, it is possible that respondents began to score the instructors comparatively; i.e., the frame of reference became the other instructors presented on the video tape. For example, Instructor D may well have been rated in comparison to Instructors A, B and C. The major findings are summarized beginning with the overall mean and standard deviation scores for each instructor (Table I).

The first observation which can be made from this data is that respondents rated the overall performance of all but one instructor as average (albeit tending toward the upper limits of the average range). Instructor C fell into the lower ranges of the "above average" category, and, significantly, there was the highest agreement on this rating. The standard deviation scores for all instructors were relatively low, suggesting consensus among all respondents in

TABLE I

OVERALL MEAN AND STANDARD DEVIATION SCORES BY INSTRUCTOR

	MEAN	STANDARD DEVIATION
Instructor A	6.15	1.35
Instructor B	6.12	1.43
Instructor C	7.43	1.07
Instructor D	6.80	1.07
Instructor E	6.29	1.27

their assessment of each of the five instructors. Of interest, also, is the finding that those instructors who received the highest overall ratings also had the lowest standard deviation scores; i.e., the higher the rating, the greater the consensus among respondents. Thus, there was greater agreement in the case of those instructors who were perceived as the better teachers, and less agreement on the ratings of the "average" teachers.

For purposes of analysis, the questions which were assumed to be indications of personality and competence were grouped and reviewed together. Table II displays the mean and standard deviation scores for each of the two groupings related to personality and competence.

The comparison of personality and competence scores yields interesting findings. It should be recalled that the questions on the rating instrument were randomly arranged without identification;

TABLE II

MEAN AND STANDARD DEVIATION SCORES FOR PERSONALITY AND COMPETENCE BY INSTRUCTOR

	PERSONALITY		COMPETENCE	
	MEAN	STANDARD DEVIATION	MEAN	STANDARD DEVIATION
Instructor A	6.10	1.50	6.20	1.36
Instructor B	6.42	1.49	5.86	1.57
Instructor C	7.16	1.31	8.52	1.26
Instructor D	6.20	1.28	7.42	1.03
Instructor E	5.85	1.40	6.69	1.28

thus, respondents were unaware of the two variables under investigation. Nevertheless, respondents seemed to distinguish between the questions related to the variables of personality and competence. The mean scores for all but one instructor are higher on the group of questions related to competence. There is also evidence of more consistent responses on competence questions than personality questions, as seen in the lower standard deviation scores for four of the five instructors. Only once, in the instance of Instructor B, did respondents show more agreement, as well as higher ratings, on the personality questions. These deviations in responses for Instructor B cannot be readily explained without further data and analysis.

An item analysis was conducted to determine the consistency of respondents' ratings, as indicated by the standard deviation scores, in response to selected questions. An average of the standard

deviations for the five instructors on each of the 13 questions was computed to examine those questions on which respondents showed the most and least agreement.

Of interest is that the three questions on which there was the greatest agreement in total responses for the five instructors all relate to dimensions of competence. The question yielding the most agreement asked about the "instructor's presentation of self as knowledgeable" (e.g., comfort with the content, appearance of mastery of the subject matter, adapting content to the needs of the learners, etc.) Responses to the remaining two questions on which there was highest agreement examined the appropriateness of each instructor's use of language and the overall organization of the presentation (e.g., logical flow vs. rambling, connecting thoughts vs. abrupt shifts of topic, etc.).

That respondents were found to be in general agreement about an instructor's use of language and organization is not surprising. However, the high degree of consensus on the question of the "instructor's presentation of self as knowledgeable" was unanticipated. It is possible that the critical factor in the rating of this question may pertain to the instructors' presentation of self, and not the actual extent of knowledge. Consistent with the "Dr. Fox Syndrome," it may be that responses having to do with competence are contaminated by the respondents' reaction to an instructor's personality.

Both expected and unanticipated response patterns were also found on the three questions evidencing the least agreement among respondents on the five instructors. As might have been expected,

the question on which there was the most disagreement asked respondents to rate the charisma (e.g., dynamism) of the instructor. This attribute of instructor personality showed considerable response variation across all instructors. Obviously, individuals rating the charisma of an instructor will apply their own definition of what they think charisma is and how it is manifested in behavior, i.e., on this question the possibility of various inconsistent definitions of instructor behavior is great. Individual definitions, no doubt, derive from personal factors and from the continuing education employment experiences of respondents. An addendum of additional demographic questions will be added to the instrument to enable, in future testings, the comparison of certain elements of respondents' personalities and work experiences with characteristics of the instructors. Refinement of the demographic information requested may, for example, clarify whether certain characteristics of respondents lead them to rate the "charisma" question in ways different from respondents with dissimilar experiences and backgrounds.

The remaining two questions showing least consistency would not have been anticipated, and the responses cannot be readily explained. One question (about competence) asked respondents to rate the degree to which the instructor was able to strike a balance between theory and the on-the-job concerns of the participant audience. Each instructor was engaged in teaching trainees employed in similar practice settings within one state, e.g., public social service personnel. The nature of this trainee population had been shared with respondents prior to their completing the rating form.

Nevertheless, respondents showed considerable disparity in their responses on this dimension. Possibly, respondents hold different views of the trainees' practice concerns which lead to divergent views of an instructor's ability to relate to such concerns. Some respondents may simply have little knowledge of the nature of practice concerns in either the public sector, or, more generally, in the human service professions. Future applications of the instrument, including additional background questions on the responding population, might further clarify these responses. A definition of the term "practical job concerns" or the use of an example on the rating instrument itself, may foster a common interpretation.

The lack of consistency found in respondents' assessment of the effectiveness of the instructor's delivery style (e.g., gestures, speed of delivery, voice inflection, facial expressions, etc.) is an even more surprising finding; it was expected that respondents would evidence agreement on this item. It is possible that, like the "knowledgeability" question, assessment of delivery style is closely associated with, and heavily influenced by, the individual perceptions of respondents, i.e., respondents may attach different interpretations to the same gesture.

Implications

The findings provide evidence that this "teacher effectiveness rating instrument" has produced, among one set of respondents, patterns of responses which reflect the underlying schema--that is distinguishing competency and personality variables. The findings, although limited by the absence of statistical tests of significance,

strongly suggest that respondents do differentiate between personality and competency variables, and that they are more likely to agree on measures of competency. In contrast, less agreement was found among respondents on measures of personality.

Interpretation of these findings must, of course, be tentative. While respondents tend to give higher ratings on attributes of competence than to those associated with personality, it is possible that these five instructors just might be more competent than personable. A control study might be initiated, using another set of instructors, to determine if the differences found between competence and personality ratings are unique reactions to one particular group of instructors, or whether the tendency to rate differentially transcends this test of the instrument.

The higher and more consistent ratings on competence may also relate to the nature of the respondents themselves, or to the setting in which the rating instrument was tested (the instrument was administered during the course of a presentation at a conference). It is possible that these respondents, with wide ranging experience in continuing education, were more "sophisticated" in their assessment than would be found normally. Possibly, respondents were intentionally more focused on competence, based on their work experiences and responsibilities; this would be consistent with the earlier mentioned tendency of continuing education personnel to use content expertise as a base-line for recruiting and selecting instructors. Higher ratings on competence may also have occurred because an instructor "sounds as if" he/she knows the subject matter; ignorance

on the part of respondents of the content could encourage distortion in the higher ratings.

The very atmosphere of a conference could have influenced the responses made. The respondents' involvement in continuing education may have led them to assume that since a continuing education instructor was hired, some evaluation of their content expertise and competence had already taken place. Finally, the fact that these instructors were selected for the video tape "test" may have increased the respondents' perception of their competence.

Conclusion

Further testings of the rating instrument on new and larger samples of respondents and using new instructors would provide added opportunities to substantiate the findings of this initial study. However, it is important to keep in mind that this rating instrument does not determine whether or not attributes of personality and competence actually correlate positively with teacher effectiveness. It is even possible (though not probable) that neither competence nor personality are associated with teacher effectiveness. If reliability of the instrument can be established through future tests, longer range studies could be undertaken which would attempt to validate a positive correlation between personality and competence as indicators of teacher effectiveness.

The preliminary findings of this study have tended to substantiate the "practice wisdom" of continuing education administrators about criteria of faculty recruitment and selection. The program administrator who concentrates recruitment and selection efforts on

the basis of the competency of the potential instructor rather than personality, may feel some confidence that his/her perceptions of competence are likely to be similar to other continuing educators. On the other hand, personality attributes, while still likely to be important instructor qualities, may be interpreted differently by the recruiter and others involved in the continuing education process.

A final caveat is needed. Even with the most refined technology for measuring potential teacher effectiveness, the teacher is only one (albeit critical) factor in the teaching-learning process. The teacher does not "teach" in a vacuum, and we have no evidence to suggest that the teacher is a greater influence in determining the outcome of a program than is the content, the environment, or the nature of the training population. Ultimately, the teacher is only a factor among a complex set of factors involved in continuing education. However, good continuing education instructors can greatly enhance the reputation, quality and outcome of educational programs.

FOOTNOTES

1. Malcolm Knowles. The Modern Practice of Adult Education (New York: Association Press, 1970) p. 41.

2. Beulah Rothman. "Perspectives on Learning and Teaching in Continuing Education," Journal of Education for Social Work, Vol. IX, No. 2, (Spring 1973), p. 40.

3. Ibid.

4. Ibid.

5. Ibid., p. 39.

6. Margaret Hoffman. "Faculty Recruitment, Selection, Enhancement of Competence," CSWE Workshop On Continuing Education: A Report (Syracuse, New York: Council on Social Work Education, April 1970), p. 59.

7. Hazel G. Price. "Achieving a Balance Between Self-Directed and Required Learning," Journal of Education for Social Work, Vol. XII, No. 1, (Winter 1976), p. 109.

8. Hoffman, op. cit.

9. David G. Ryan. "Research on Teacher Behavior in the Context of the Teacher Characteristics Study," in Contemporary Research on Teacher Effectiveness in Bruce J. Biddle and William J. Elena, editors (New York: Holt, Rinehart and Winston, 1964), pp. 71-72.

10. Armand Lauffer. The Practice of Continuing Education in the Human Services (New York: McGraw-Hill), p. 181.

11. For further distinctions between outcome and process studies of teacher effectiveness, see N. L. Gage, "Paradigms for Research on Teaching," in Handbook of Research on Teaching--A Project of the American Educational Association N. L. Gage, editor (Chicago: Rand McNally, 1963), pp. 94-141.

12. Bruce J. Biddle. "The Integration of Teacher Effectiveness Research," in Biddle and Ellena, op. cit., p. 4.

13. See, for example, N. L. Gage, "Successful Teacher Behavior: Can Science Contribute to the Art of Teaching?" in Teaching and Learning in Social Work Education Marguerite Pohek, editor (New York: Council on Social Work Education, 1970), pp. 1-12; Ronald A. Feldman. "Towards the Evaluation of Teaching Competence in Social Work," Journal of Education for Social Work, Vol.

VIII, No. 2, (Spring 1972), p. 5-14; Herbert Walberg, "Can Educational Research Contribute to the Practice of Teaching?" Journal of Education for Social Wor , Vol. IV, No. 2, (Fall 1968), pp. 71-85.

14. Walberg, op. cit.

15. Feldman, op. cit., p. 10.

16. Biddle, op. cit., p. 4.

17. Feldman, op. cit., p. 9.

18. The rating instrument was tested at the Second Annual Conference on Training in the Human Services, Atlanta, Georgia, October 16th, 1978. The administration of the instrument was a component of a conference presentation which included a theoretical presentation of issues related to the assessment of continuing education teacher effectiveness. Following the tape presentation and rating exercise, the workshop participants discussed their experiences with and reactions to this assessment schema. The cooperation of the conference participants made this study possible.

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